

Maniben Odedra

Seagull Rest Home EMI

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 13 December 2016 and was unannounced.

Seagull Rest Home EMI provides care and accommodation for up to 23 people and there were 20 people living at the home when we inspected. The service specialises in the care of those living with dementia. These people were all aged over 65 years and had needs associated with old age and frailty as well as dementia.

The home is single storey. Twenty one bedrooms are single and one is a double. All bedrooms were occupied by one person. One bedroom has an en suite bathroom which had a toilet and shower. There is a bathroom with a toilet and two further bathrooms with a shower and toilet in each. There are four other toilets in the home. The service has two lounge areas which also have dining areas. There is garden area with tables and chairs for people to use.

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 the last inspection in October 2015 we found the provider in breach of Regulations associated with meeting people's nutrition and hydration needs, ensuring staff received appropriate support and supervision, secure storage of confidential records, managing and responding to risk. At this inspection, we found that improvements had been made in these areas and the provider had met the requirements of these Regulations. However we also found that improvements had not been made in all areas since the last inspection and the provider remained in breach of Regulations associated with ensuring a safe and clean premises and providing person-centred care.

At the last inspection in October 2015 we found the provider had not ensured the premises were secure, clean and properly maintained. This was in breach Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider submitted an action plan to say how they would meet this regulation. At this inspection we found the home was still in need of repair and areas were not always clean. This regulation was still not met.

At the last inspection in October 2015 we found the provider had not ensured each person's needs were fully assessed and care plans designed to meet those needs. This also included a lack of activities for people. This was in breach Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider submitted an action plan to say how they would meet this regulation. At this inspection we found action had been taken to improve the assessments and care plans but that the provider had still not ensured people were adequately supported by the provision of psychological and emotional support in the form of activities. This regulation was still not fully met.

During this inspection we found the service had not ensured medicines were managed safely. This included one person not receiving their medicines for pain relief as prescribed and a lack of supervision when people took their medicines.

The provider's systems to assess, monitor and improve the quality and safety of the service were not adequate. Requirements made from the previous inspection were not fully met and there were also new breaches of Regulations identified. There was a lack of an effective audit and system to check medicines were managed safely. As a result, the service remains "Requires Improvement" overall.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People said they felt safe at the home.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only those suitable to work in a care setting were employed.

Staff had access to a range of relevant training courses including national recognised qualifications in care.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the MCA and the DoLS. Appropriate assessments were carried out where people did not have capacity to consent to their care. The service made applications to the local authority for a DoLS authorisation where people did not have capacity to consent to their care and treatment and whose liberty was restricted for their own safety.

People's health care needs were assessed and monitored. The staff liaised with health care services so people got the right care and treatment.

People and their relatives said staff treated people with kindness and respected people's privacy.

The complaints procedure was available and displayed in the entrance hall. People and their relatives said the management of the service were approachable and dealt with any issues raised.

The provider sought the views of people and their relatives about the standard of care in the home.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including two repeated breaches. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The management of medicines was not safe.

The premises were not always clean and well maintained.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and there were care plans to show how those risks should be mitigated.

Sufficient numbers of staff were provided to meet people's needs.

Requires Improvement 

Is the service effective?

The service was effective.

Staff were trained in a number of relevant areas and there was a system to ensure they received supervision and appraisal of their work.

Appropriate action was taken when people did not have capacity to consent to their care and treatment.

People were supported to have sufficient food and drink.

The staff liaised with health care services so people's changing health needs were addressed.

Good 

Is the service caring?

The service was caring.

Staff treated people with kindness, respect and with dignity. Staff took action to support people who were distressed or confused.

Staff promoted people's privacy and people were supported to

Good 

exercise choice in how they spent their time.

Is the service responsive?

The service was not always responsive.

People's care needs were assessed and there were care plans about how those needs were to be met.

Whilst there were some activities for people these were limited. This remains an unmet requirement from the last inspection.

There was a complaints procedure and the management dealt with any issues raised by people.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There were a number of audits used to monitor and check the quality of the service people received, but these did not always result in identifying and addressing areas in need of improvement. The provider had not always taken action as required by the last inspection report.

The staff and management worked well with other agencies who were involved in people's care.

Requires Improvement ●

Seagull Rest Home EMI

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. The 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.

The inspection took place on 13 December 2016 and was unannounced.

The inspection team consisted of an inspector and an Expert by Experience, who had experience of services for older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with three people who lived at the home and to relatives of two people. We also spoke with four care staff and the registered manager.

Many of the people at the service were living with dementia and because of this had limited communication. Members of the inspection team, therefore, used observations to check people's experiences. We also spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for five staff were reviewed, which included checks on newly appointed staff and staff supervision records.

We spoke with a community nurse who treated people at the home and to a member of the local authority who commissioned services from the home and carried out monitoring visits. These professionals gave their permission for their comments to be included in this report.

This service was last inspected on 26 and 28 October 2015 when we identified six breaches of the Regulations.

Is the service safe?

Our findings

At the inspection on 26 and 28 October 2015, we found the provider was in breach of Regulation 15 as the premises were not adequately maintained or clean. The provider submitted an action plan of how they were to address this. At this inspection we found action had been taken by the provider to address some of these areas but the regulation was not met in full. The registered manager said there were ongoing issues regarding the maintenance of the home as work was not always carried out when it was highlighted as being needed. Most areas of the home were clean, but there were significant instances where this was not the case. There were a number of areas of the environment which were not well maintained and did not promote the dignity of people. Whilst there were no immediate infection control risks regarding the premises, we identified areas in need of improvement. Repairs had been made to some areas we highlighted as needing attention at the last report, but not all, and some areas had got worse. A shower door was still unattached although this did not stop people having a shower. In one bathroom dried paint was splattered on the floor, the bath had limescale on it, areas were dusty, there was flaking paint around the wall surrounding the sink and there was an unclean urine bottle on the side of the bath. In a toilet the vinyl flooring had been removed leaving a concrete screed which was stained and discoloured. There were holes in the toilet door which was in need of repainting and the screws on the door lock were loose. In another wet room bathroom grouting had mildew growth on it. This demonstrated poor systems for ensuring the environment was well maintained and necessary repairs undertaken in a timely way.

There was a waste bin for used wipes including faecal matter and a towel was left on the lid of the bin which did not promote the prevention of risks associated with infectious diseases. There was an odour of urinary incontinence in one bedroom. Carpet was stained in another bedroom. There were three urine bottles containing urine left on a bedside cabinet in a person's bedroom which had not been cleared away. The resident told us some of the bottles had not been cleared from the night before and the morning. The resident used the call point and reminded a member of staff to take the bottles away which they did. In view of the numbers of staff on duty we judged the issue regarding lack of cleanliness was due to the management and deployment of staff for cleaning.

A relative said the environment was "tired" and "not good." A member of the local authority commissioning team had also identified the environment was in need of repair in certain areas, including damaged door frames. The provider had not ensured the premises were clean and properly maintained. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is a continued breach of this regulation. We will publish the details of our Regulatory action when this has been completed.

Checks were made by suitably qualified persons of equipment such as the hoists, electrical wiring, checks on risks for legionnaire's disease, fire safety equipment and alarms and electrical appliances. Temperature controls were in place to prevent any possible scalding from hot water. Radiators had covers on them to prevent any burns to people.

People's medicines were not safely managed. The service used a monitored dosage system to administer medicines to people. A record of staff signatures used when the staff signed the medication administration

records was maintained so the registered manager could monitor which staff had handled the medicines. We checked the medicines administration records (MARs) which showed a number of omissions where staff had not recorded if the medicine was administered to the person. In one case the medicine stock showed the medicine was given as it was not there, but in another case the medicine was still in the container meaning it was not administered; there was no record as to why the medicine was not administered, such as the person had refused it. One person did not receive their routine pain relief medicine on two occasions between 6 and 11 December 2016. A member of staff said any medicines errors were reported to the registered manager but this was not recorded. There was an audit of this medicine twice a day but there was no evidence that these errors had been picked up or any action had been taken. There was no recording system to review any medicines errors or to take action to ensure it did not happen again.

We observed a person sat at the dining table with a pot of tablets. As a staff member walked past the person they reminded the person to take their medicines saying, "You be careful with your tablets. We don't want someone else taking them." A staff member observed the person to see if they were safe but there were times when the person was left without staff observing them. This meant there was a risk the person may not take their medicines or that another person might. The registered manager said the staff member should have stayed with the person and that the person would only take their medicines in this way. It was unclear why staff did not administer the medicines at another time.

We observed staff administered pain relief medicine to one person but did not follow the service's own procedures for this to be witnessed by another staff member.

Staff who administered medicines received training which included an assessment and observation of their competency to do this. These included the night staff. In view of our observations and findings at this inspection, the competency of staff to safely administer medicine needs to be reassessed as this was not done safely and in line with the provider's policies in all instances.

Where people had medicine on an 'as required' basis for occasional symptoms there was guidance for staff to follow of when it was needed. However, this was not always in sufficient detail. For example, one person's records said they needed an 'as required' medicine for 'extreme agitation' but did not say what this was, what action staff might need to take and in what circumstances. Another person was prescribed a sedative medicine for seizures. The staff and registered manager said this was administered rectally but this was not recorded in the guidance nor were any guidelines recorded about the exact circumstances when it was needed. It was not clear what training staff had in administering medicines in this way. This meant there was a risk staff may not know how to administer this medicine safely and at the right time.

We noted that a GP had changed the prescription for one person by telephone conversation and that staff recorded the new instruction on the MARs. There was no written confirmation requested from the GP regarding this change of prescription. This meant there was no audit trail or record from a GP to confirm the prescription had changed to ensure the person received the dosage as prescribed.

Medicines were not safely managed or administered to people which meant people were at risk of not receiving their medicines safely or as prescribed to them. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 26 and 28 October 2015 we found the provider was in breach of Regulation 12 as risks to people were not accurately assessed and there was a lack of detail about how staff should mitigate against these risks. These included people assessed as being at risk of developing pressure injuries to their skin and for the safe moving and handling of people. The provider submitted an action plan of how they were to

address this. At this inspection we found the registered manager had introduced a new format for assessing and care planning of people's needs and risks were now managed well. Each person's moving and handling needs were assessed. The risk of falls was assessed using a falls risk assessment tool and there was guidance on how staff should support people to move safely. Risks of pressure sores developing were assessed using an assessment called a Waterlow. Measures were in place to mitigate the risks of pressure areas developing on people's skin such as air cushions and air flow mattresses. We noted one person's care records regarding the management of pressure areas had not been transferred from the previous care plan system. The registered manager confirmed this information was in the process of transferred to new care plans. The risks of malnutrition were assessed and recorded along with actions to maintain adequate nutritional intake. A health care professional told us the staff monitored risks in people's care well. Reference was made by this professional to staff following safe moving and handling procedures, using equipment correctly for moving and handling and managing other care needs well such as the risks regarding those with diabetes. At this inspection, we found this part of the regulation had been met.

People and their relatives told us they felt safe at the home. For example, one person said, "I feel perfectly safe living here, the staff are wonderful." Another person said, "It's a safe environment to live, I've never had any falls in the time I've been here. The staff use a hoist to move me from my wheel chair to the bed, so I know I'm safe."

The service had policies and procedures regarding the safeguarding of people. These included the local authority safeguarding procedures. The office notice board displayed the contact details for reporting any safeguarding concerns to the local authority as well as other literature and guidance on keeping people safe. Staff had a good awareness of safeguarding procedures and knew what to do if they had any concerns of this nature. Staff told us they received training in the safeguarding of people which was also confirmed by staff training records.

Sufficient numbers of staff were provided to meet people's needs. Staffing was organised using a staff duty roster. This showed seven staff on duty in the mornings and four in the afternoon and evening. Night time staff consisted of two care staff on 'waking' duties. There was also a staff member who worked 7pm to 10pm each day. At the time of the inspection there were seven care staff on duty in the morning plus the registered manager, the provider and a cook. We observed there were enough staff to safely care for people and to meet their needs and requests. The service did not employ cleaning staff, which was the responsibility of the care staff. Staff told us they considered there were enough staff to look after people safely. Relatives commented that there were enough staff on duty to meet people's needs. One relative said, "There's always enough staff at all times. Staff come within five minutes when the call bell is used."

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There was a record of staff being interviewed to assess their suitability for the post.

Is the service effective?

Our findings

At the inspection on 26 and 28 October 2015 we found the provider was in breach of Regulation 14 as people's nutritional needs were not always met. Appropriate action was not always taken where people were assessed as being at risk of malnutrition, such as being referred to a dietician. The provider submitted an action plan of how they were to address this. At this inspection we found action had been taken and the regulation was now met. Risks of malnutrition were assessed using a Malnutrition Universal Screening Tool (MUST). We looked at the records of five people and four had a MUST assessment which showed they were at low risk of malnutrition. We did note that one person who was admitted to the service four weeks before the inspection did not have a MUST assessment. There was no reason for the delay in completing this. Care records included guidance regarding any nutritional supplements such as high calorie foods. People's weight was monitored and showed people's weight was either maintained or had increased. Where people were identified as being at risk of malnutrition or dehydration a referral had been made for an assessment by a dietician or speech and language therapist (SALT).

We observed staff supporting people to eat at the lunch time meal. Staff assisted people where they needed help. One to one support with eating was provided where needed. Staff were patient with people to ensure they had enough to eat and drink. People had a choice of food and we observed people were given a different meal if they did not like the one served. The lunch looked appetising and people told us they liked the food. Relatives also said the food was good. For example, one relative said their relative who lived at the service wasn't eating before moving into the home but was now. This relative described the food as follows, "The food looks nice. They dish up some lovely food. There are biscuits and endless cups of tea." Another relative said how good the homemade cakes were. There was a menu plan showing varied and nutritious foods. The chef told us fresh produce was used and showed us the stock of fresh vegetables and fruit. Full fat milk and cream was used to enhance the calorific value of food for people. People had access to drinks.

At the inspection on 26 and 28 October 2015 we found the provider was in breach of Regulation 18 as staff did not receive appropriate support, supervision and appraisal. The provider submitted an action plan of how they were to address this. At this inspection we found action had been taken and this regulation was now met. Staff said they felt supported by their line manager and confirmed they had one to one supervision sessions where they discussed their work. Records of supervision were maintained and showed staff received this on a regular basis as well as an appraisal of their work performance. The registered manager said she did not receive supervision from either a peer or the provider which needs to be addressed.

People and their relatives said the staff were skilled and knew how to support them. For example, a relative commented, "The staff are very skilled. They do their job really well."

Newly appointed staff received an induction to prepare them for their work. There was an induction checklist to ensure that all key areas were covered, and training was provided for new staff.

Staff had access to a range of training including those considered essential for their role such as moving and handling, communication and dementia, first aid and infection control. Staff had also attended courses in

epilepsy awareness, health and safety, falls prevention, nutrition and palliative care and end of life care. Staff said the training provided them with the skills they needed. For example, staff said there were a range of mandatory training courses as well as nationally recognised qualifications such as the National Vocational Qualification (NVQ) in care at levels 2 or 3 or a diploma in health and social care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Twelve of the 27 staff had completed the NVQ level 2 or above or the Diploma in Health and Social Care. The registered manager and deputy manager had an NVQ level 4.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had policies and procedures regarding the Mental Capacity Act 2005 (MCA) and the associated Code of Practice. This legislation and guidance protects those who do not have capacity to consent to their care and treatment. The assessment of people's capacity and for making any Deprivation of Liberty Safeguards (DoLS) applications was the responsibility of registered manager and deputy manager who had attended training in this. DoLS authorisations are made by the local authority for those who do not have capacity to agree to their care and treatment and have their liberty restricted for their own safety. Staff said they were aware of this legislation and knew about the importance of assessing people's capacity and what to do if people did not have capacity. They said they knew about this from discussions with the registered manager and deputy manager. Where people did not have capacity to consent to their care and treatment the registered manager had made applications to the local authority for a DoLS authorisation. Two people were subject to a DoLS authorisation.

Records showed the staff liaised with health care professionals such as community nursing services, diabetic nurses and people's GPs. We observed staff responded to a person's health care needs by carrying out appropriate checks for a possible urine infection. There were records of when staff needed to contact medical services when specific symptoms were exhibited and daily records showed staff had followed these. We spoke to a community health professional who said staff dealt with the management of diabetes well. This professional said the standard of care had improved and that staff were concerned about people's health needs and made appropriate contact with community health services.

Is the service caring?

Our findings

We observed people were treated with kindness and respect. We observed people and staff during the morning and at lunch time. People were supported to eat and we saw individual staff worked on a one to one basis to support people to eat. There was good eye contact between the staff and people they supported and staff spoke to people to explain what they were doing. Several people kept falling asleep or were asleep during lunch. Staff were observed to gently wake people by speaking to them kindly. Other people who did not wake during this period had their meal taken away to have at a later time. We identified areas where interactions between staff and people could be improved. This included the provider supporting someone without speaking to them on one occasion. We also observed at other times the provider chatted to people who responded positively. Staff interactions at the meal time could have been improved as some people were supported to eat by a succession of staff rather than one staff member. However, we also observed staff spent time with people on a one to one basis to support them to eat and the interactions were positive for the person as staff treated them well. These were isolated examples and did not form a pattern of the overall caring approach that we observed.

People told us their privacy was promoted by staff and that they were able to be independent. For example, one person said, "I can't complain about anything really, I see to my own personal care needs like washing and bathing, but when I shower I do need some help. The staff uphold my dignity in my opinion, they keep the door shut and knock before coming in."

Relatives also commented on the caring nature of staff and that people formed good relationships with staff and other people in the home. One relative said how their mother/father had formed a good friendship with another person which had enriched their mother/father's life. This relative said the staff were "endlessly patient" and dealt well with people's distress or discomfort and gave an example of how staff had calmed their relative by skilful communication. Staff were aware of the need to deal with people's agitation in a tactful way. We observed the registered manager and provider reassuring one person who was confused by talking to them calmly; it was clear the person's needs were known and the interaction was positive in calming the person. A health care professional also described the staff as skilled in communicating with people and had a caring and warm approach to people.

We observed people had items of personal possession in their rooms and people told us how they could choose where they spent their time; either in their room or in the communal areas.

Relatives said they were always made to feel welcome at the home. For example, one relative said, "It's lovely. All the family are made to feel welcome."

Staff demonstrated a caring attitude and a concern for people's welfare. For example, staff said they treated people in the same way they would want to be treated themselves, or in the way they would wish one of their family to be treated. One staff member said how it was important for staff to be positive and understanding in working with people and that the staff team reflected this.

Is the service responsive?

Our findings

At the inspection on 26 and 28 October 2015 we found the provider was in breach of Regulation 9 as people's needs and preferences were not accurately assessed and planned for. This included a lack of activities for people. The provider submitted an action plan of how they were to address this. At this inspection we found action had been taken regarding the assessment of people's needs and care planning to meet those needs. Since the last inspection new assessments and care plans had been introduced, which were more organised and easier to read.

Assessments and care plans showed care needs were assessed and that people's preferences were included. There was evidence people were consulted about their care needs. Care plans included examples of person centred care such as the name people preferred to be called, choices of daily routines, how to communicate with the person and what was important in the person's life. Details were also recorded about what was a good day and a bad for the person. Care plans were reviewed at regular intervals to ensure the care was continuing to meet their needs.

At the previous inspection we raised concerns that people were not provided with adequate activities and stimulation. The provider sent an action plan to confirm an activities programme would be implemented and that details of daily activities would be displayed in the communal areas. The action plan also said arrangements would be made for an 'activities person' to visit the home at least three times a week to deliver activity sessions. At this inspection we found this had not been implemented and the service was still in breach of this regulation.

People said they entertained themselves by playing cards and chatting with each other. One person said they enjoyed spending time on their computer in their bedroom. People said there were few activities. For example one person said, "We don't do anything really, not with the staff anyway". Another person said, "We used to play Draughts and Snakes and Ladders but not anymore, we sometimes have music playing".

We noted that there was an activities notice board in the lounge to show what was going on each day but there were no activities listed. There was a section in people's care records about social activities but these showed people were involved in few activities. One person, for instance, took part in no activities in October, one in November and none in the first 13 days of December. There was an activities book which also showed activities were infrequent. For example, three activities took place in October and two in November (one of which involved just one person).

Staff said activities were difficult to organise because people had differing needs. The service did not employ any staff with specific responsibility for providing activities.

The provider had not adequately assessed and planned to meet people's needs and preferences. This included the provision of activities and social needs. The impact of this was that people with mental health needs such as dementia did not receive adequate support in the form of activities which would help meet their psychological and emotional needs. This is continued breach of Regulation 9 of the Health and Social

People and their relatives made positive remarks about standard of care provided to people. For example, one relative said, "It's smashing. The décor is tired but the care is amazing." Two relatives said the experience of moving into the home had proved positive to people and reported improvements in mood due to forming new friendships or people having a better dietary intake. A health care professional said people were well cared for and conditions such as diabetes and continence were managed well.

The service had a complaints procedure which was displayed in the entrance hall. People and their relatives said they would speak to the registered manager if they had any concerns about the service. For example, a relative said the staff and registered manager were approachable and receptive to any comments or issues raised. The provider information return (PIR) stated there have been no complaints in the last 12 months.

Is the service well-led?

Our findings

At the inspection on 26 and 28 October 2015 we found the provider was in breach of Regulation 17 as records were not securely stored. This included people's care records and the controlled drug register. The provider submitted an action plan of how they were to address this. At this inspection we found action had been taken regarding the security of records. Records related to people's care and treatment were maintained clearly and stored securely. This part of the regulation was now met.

We found the service's audits and checks by the management and provider had failed to identify and address the concerns we identified at this inspection. In addition, the provider and management had failed to act on all requirements made in the last inspection report. For example, the premises and cleanliness were still in need of attention and in some instances worse than the previous findings. The provision of appropriate and stimulating activities for people had also failed to improve following the previous inspection where this was raised as a concern. The service's own quality assurance reports for November 2016 highlighted issues about the environment and the registered manager acknowledged that areas of the environment identified as in need of attention were not rectified. There was an infection control audit completed in September and October 2016 but we found the home was not clean and hygienic. Therefore this audit was not effective in identifying and driving improvements in this area. Medicines procedures were not adequately monitored and there was a lack of recorded system for looking into any medicines errors. Although staff competency had been assessed in relation to safe administration of medicines, we observed examples where staff had not administered medicines safely or in line with the internal policies. Therefore the provider did not have effective or robust systems to ensure quality and safety of the service, which resulted in repeated and new breaches of Regulations identified at this inspection. As a result, the service remains "Requires Improvement" overall.

The provider had not ensured there was an adequate system to assess, monitor and improve the quality of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will publish the details of our Regulatory action when this has been completed.

People and their relatives described the registered manager as approachable and visible in the home. For example, one relative said of the registered manager, "(Name of registered manager)'s door is always open." They felt able to raise any concerns with the registered manager, which they said were responded to. The registered manager said she made herself available in the home so staff, people or relatives could talk to her. We observed the provider was also available and spent time with people in the lounge.

The registered manager used surveys to obtain the views of people and their relatives about the service. These were given to people and relatives at intervals and we saw the last surveys were returned in November 2016. The surveys asked people to comment on the appearance of the home, the attitude of staff and the food. The responses to these survey questions were positive and showed people were satisfied with the service they received. The registered manager said residents' meetings took place on a monthly basis and we saw a record of a residents' meeting in October 2016. This showed people were asked to give their views on the service and that action had been taken to repair a window.

Relatives described the culture of the service as a small, well run with a good standard of care. For example, one relative said the décor was not good but that the care was, adding, "We couldn't wish for better."

Details of accidents in the home were recorded on forms, as well as care records, so any trends could be identified and action could be taken to prevent them reoccurring.

A health and social care professional reported that the registered manager and staff worked well with community health services. This professional said the registered manager worked as if they were one of the health team to ensure health care needs were met.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were not always provided with appropriate physical, psychological and emotional support in the form of activities. This is a continued breach from the last inspection with regards to the provision of activities.</p> <p>Regulation 9 (3) (a) (b) (d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured medicines were safely managed.</p> <p>Regulation 12 (2) (g)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured the premises were secure, clean and properly maintained. This is a continued breach from the last inspection. Regulation 15 (1) (a) (b) (c) (e)

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there was an adequate system to assess, monitor and improve the quality of the services provided. Regulation 17 (1) (2) (a)

The enforcement action we took:

Warning notice issued