Drs Care Limited

The Thatched House

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

Summary of findings

Overall summary

We inspected the service on 13 March 2018. The inspection was unannounced. The Thatched House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Thatched House is registered to provide accommodation and personal care for 20 older people, people who live with dementia and people who have physical/sensory adaptive needs. There were 19 people living in the service at the time of our inspection visit.

The service was run by a company who was the registered provider. The company had three directors. There were two registered managers in post both of whom were also directors of the company. 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. In this report when we speak about both the company and the registered managers we refer to them as being, 'the registered persons'.

At the last comprehensive inspection on 4 December 2015 the overall rating of the service was, 'Good'. However, there were three beaches of the regulations. This was because there were shortfalls in the arrangements made to safeguard people from situations in which they may experience abuse. Also, background checks on new care staff had not always been completed in the right way. Furthermore, people had not always been provided with safe care and treatment because medicines had not consistently been managed in line with national guidance.

After the inspection the registered persons told us that they had addressed each of the breaches. We completed a focused inspection on 15 December 2016 to confirm that the necessary improvements had been made. We found that suitable provision had been made to safeguard people from the risk of abuse and that recruitment checks were being completed in the right way. However, we found that further progress still needed to be made to ensure that people's medicines were consistently managed in line with national guidance. As a result we said that there was a continuing breach of the regulations.

Although the overall rating of the service remained as being, 'Good', we told the registered persons to take action to make improvements to the management of medicines. At the present inspection we found that these particular improvements had been made. However, we also found that an additional improvement needed to be made to ensure that people's medicines were consistently managed in the right way. There were also other shortfalls that had reduced the registered persons' ability to provide people with safe care and treatment. This was because people were not fully protected from the risk of injury in the event of a fire safety emergency. In addition, suitable provision had not been made to prevent and control the risk of infection.

These shortfalls had reduced the registered persons' ability to consistently provide people with safe care and treatment. Therefore, this was a continuing breach of the regulations.

There were two further breaches of the regulations. This was because there were shortfalls in the arrangements that had been made to ensure that people were consistently treated with respect and dignity including promoting their right to privacy. Also, the registered persons had not established robust systems and processes to assess, monitor and improve the quality and safety of the service.

You can see what action we have told the registered persons to take in relation to these breaches of the regulations at the end of the full version of this report.

Our other findings were as follows. People had not been fully safeguarded from the risk of financial mistreatment. However, there were enough care staff on duty and background checks had been completed before new care staff were appointed. Also, lessons had been learned when things had gone wrong.

Some parts of the accommodation were not designed, adapted and decorated to meet people's needs and expectations. However, suitable arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. This included providing people with the reassurance they needed if they became distressed. Although in practice care staff knew how to care for people in the right way, some of them had not received all of the training that the registered persons considered to be necessary. People were helped to eat and drink enough to maintain a balanced diet. Also, suitable arrangements had been made to help people receive coordinated care when they moved between different services. Although not fully recorded, in practice suitable steps had been taken to obtain people's consent to the care they received.

People were given emotional support when it was needed. Also, they had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Furthermore, confidential information was kept private.

Although people received responsive care that met their needs for assistance, information was not always presented to them in an accessible manner. People had been offered sufficient opportunities to pursue their hobbies and interests and to engage in social activities. Furthermore, suitable arrangements had been made to promote equality and diversity. This included the registered persons recognising the importance of appropriately supporting people who chose gay, lesbian, bisexual and transgender lifestyles. Furthermore, there were suitable arrangements for managing complaints and suitable steps had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There were registered managers who had promoted an inclusive culture in the service and people who lived there had been consulted about its development. Furthermore, care staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. Also, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Suitable arrangements had not been made to ensure that people always received safe and harm free care.

People had not been fully safeguarded from the risk of financial mistreatment.

Suitable arrangements had been made to ensure that sufficient numbers of suitable care staff were on duty.

Background checks had been completed before new care staff were appointed.

Lessons had been learned when things had gone wrong.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Parts of the accommodation were not designed, adapted and decorated to meet people's needs and expectations.

Care staff used national guidelines to promote positive outcomes for people.

Although care staff had not received all of the training they were said to need in practice they had the knowledge and skills they needed.

Arrangements were in place that were designed to assess people's needs and choices so that care was provided to achieve effective outcomes.

People were helped to eat and drink enough to maintain a balanced diet.

There were suitable arrangements to enable people to receive coordinated care when they used different services.

People had been supported to receive on-going healthcare

support.

There were suitable arrangements to obtain consent to care and treatment in line with legislation.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Care staff had not been fully supported to provide care in a way that always promoted people's privacy and dignity.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

Although in practice people received responsive care, information was not always presented to them in an accessible manner.

People were offered opportunities to pursue their hobbies and interests and to take part in a range of social activities.

Suitable arrangements had been made to promote equality and diversity.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Suitable arrangements had not been made to ensure that the service met regulatory requirements by learning, innovating and ensuring its sustainability.

There were registered managers who had established a positive culture in the service that was intended to promote the provision of person centred care.

Care staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

The Thatched House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service's residential provision on 13 March 2018 and the inspection was unannounced. The inspection team consisted of a single inspector and an expert by experience. An expert by experience is someone who has personal experience of using this type of service.

During the inspection visit we spoke with 10 people who lived in the service and with four relatives. We also spoke with four care staff, one of the directors of the company and one of the registered managers. We observed care that was provided in communal areas and looked at the care records for four people. We also looked at records that related to how both parts of the service were managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

After the inspection visit we spoke by telephone with a further three relatives.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "Yes, I do think I'm safe enough here as the staff are very kind to me." Another person remarked, "I've been here quite a few years and I'm very happy here." A person who lived with dementia and who had special communication needs smiled and waved in the direction of the registered managers' office when we used sign assisted language to ask them about their experience of living in the residential provision. In addition, relatives were confident that their family members were safe. One of them remarked, "I knew straight away it was the right place for my family member as soon as I walked over the doorstep because the atmosphere was so friendly and relaxed."

However, we found that suitable arrangements had not always been made to assess, manage and reduce risks to people's health and safety so that they consistently received safe care and treatment. At our focused inspection on 15 December 2016 we found that the registered persons were not consistently managing medicines in line with national guidance. In particular, the administration of some medicines was not always being recorded in the right way so that it was clear that each person had been offered all of the medicines prescribed for them. At the present inspection we found that this shortfall had been addressed.

However, we noted an additional concern in that care staff had not always followed national guidance when managing medicines that are administered by placing patches on a person's skin. When this is done it is important to vary the location on which patches are placed so as to reduce the risk of people developing sore skin. At the time of our inspection visit four people were having one of their medicines administered in this way. We noted that care staff had not recorded where the patches had been placed which had reduced their ability to ensure that this was done in the correct way. Shortly after our inspection visit the registered persons told us that the shortfall had been addressed. They assured us that a new system had been introduced with care staff recording the location used for each patch that was applied. Shortly after our inspection visit the registered manager told us that the shortfall had been addressed. They assured us that a new system had been introduced with care staff recording the location used for each patch that was applied. Shortly after our inspection visit the registered persons told us that the shortfall had been addressed. They assured us that a new system had been introduced that involved care staff recording the location used for each patch that was applied.

Also, the registered persons had not suitably assessed and confirmed that the service's fire safety equipment provided people with a sufficient level of protection. Furthermore, records showed that there were shortfalls in the routine checks that should have been completed to ensure that the fire safety equipment which was in place was working correctly. These shortfalls had reduced the level of protection people had from the risk of fire.

In addition, robust arrangements had not been made to assess, review and monitor the provision needed to promote good standards of hygiene. We were told that an infection control audit was regularly completed so that potential risks to the prevention and control of infection could quickly be addressed. However, there were no records for us to see in relation to this matter. Furthermore, we found that in practice the auditing system had not been robust because we identified a number of shortfalls that had not been quickly put

right. Although the accommodation was hygienic we found that disposable hand towels had not been provided in the main communal toilet. As a result after washing their hands people had to dry them using a cloth towel that a number of other people had already used. Shortly after our inspection visit the registered persons told us that the oversight had been put right by disposable towels being provided for people to use.

We were also concerned to note that care staff placed used disposable gloves in an open waste bin that was located in the lounge. Furthermore, we were concerned to see that some people were drinking from cups and mugs that had deep chips out of their rims. These chips meant that the crockery in question no longer had an impervious surface that could be cleaned effectively. All of these shortfalls had reduced the registered persons' ability to promote good standards of hygiene in order to prevent and control the risk of infection. Shortly after our inspection visit the registered persons told us that all of these oversights had been put right. They said that disposable towels had been provided in the bathroom, the disposable gloves were stored securely after use and that all damaged items of crockery had been replaced.

Although there were suitable arrangements to assist people who were at risk of developing sore skin or who were at risk of falling, the shortfalls we identified had reduced the registered persons' ability to consistently deliver safe and harm-free care and treatment. We raised our concerns about the management of risks to people's health and safety with the registered manager. They assured us that each of the shortfalls in question would be addressed immediately in order to better ensure that people received safe care and treatment which met their needs and expectations.

Failure to assess risks to people's health and safety and to do all that is practical to keep people safe was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although care staff knew how to recognise and report situations in which people may experience abuse, the registered persons did not operate robust and transparent systems when assisting people to manage their personal spending money. We found that records of the personal spending money held on behalf of two people were incomplete and inaccurate. These shortfalls had increased the risk that mistakes would be made and financial mistreatment would occur. We spoke with the registered manager about this matter and they told us that they would establish what had gone wrong and would immediately ensure that each person's cash balance was correct.

The registered manager told us that they had carefully calculated how many care staff needed to be on duty. This had been done taking into account the number of people using the service and the care each person needed to receive. Records showed that the service was being staffed in line with the minimum level set by the registered persons. We concluded that there were enough care staff on duty because we saw people promptly receiving all of the practical assistance they needed.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. In relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Also, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

The registered persons had ensured that lessons were learned and improvements made when accidents and near misses had occurred. Records showed that the registered managers had carefully established how and why they had occurred. Also, actions had then been taken to reduce the likelihood of the same thing

happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls.

Requires Improvement

Is the service effective?

Our findings

People told us they were confident that care staff knew what they were doing and had their best interests at heart. One of them said, "The staff are dandy and they look out for us all. They're genuinely kind to us all and willingly give us all of the help we need." Relatives were also complimentary about this matter. One of them said, "There's no other way of saying it – my family member has dementia and can need a lot of sensitive care. And that's exactly what they get at The Thatched House. The staff there are excellent."

However, we found that some people's individual needs were not fully met by the design, adaptation and decoration of the accommodation. We were concerned to note that two windows could not be fully closed to achieve a weather-tight seal because the catches were missing. Furthermore, in various places double glazed windows had failed and were misted up inside. In addition, there were places where decorative wall finishes and woodwork were damaged, scuffed and marked.

We also found that suitable steps had not been taken to support people who lived with dementia to find their way around their home. Although signs were fitted to bathroom and toilet doors these did not use easy-to-understand graphics that are often helpful for people who live with dementia. Also, little had been done to distinguish each person's bedroom door so that there was less risk of people going into the wrong room and becoming distressed by surroundings that were not familiar to them.

All of these defects reduced people's ability to receive care in a safe, comfortable and pleasant setting that met their expectations. We raised our concerns with the registered manager about each of these shortfalls and they assured us that steps would immediately be taken to put things right.

However, we found that other arrangements were in place that were designed to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that one of the registered managers had carefully established what practical assistance each person needed before they had moved into the service. This had been done to make sure that the service had the necessary facilities and resources.

Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager carefully asking people if they had particular expectations deriving from cultural or ethnic identities about how their close personal care should be provided and who should deliver it.

We also saw that care staff were able to promote positive outcomes for people if they became distressed and needed assistance to keep themselves and other people safe. When this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who became worried because they could not clearly recall when they would next receive a visit from one of their relatives. They were becoming anxious and loud in their manner. A member of care staff recognised that action needed to be taken to keep the person and others around them safe from harm. The member of care staff gently reminded the person that their relatives usually visited them at weekends as

they worked during the week. This information reassured the person who became relaxed and who was happy to accept a cup of tea.

We were told that new care staff had received introductory training before they provided people with care. However, the delivery of this training was poorly recorded and so we could not be confident that it had always been provided in the right way. Also, we noted that new care staff had not been offered the opportunity to complete the Care Certificate. This is a nationally recognised training scheme that is designed to ensure that care staff are competent to care for people in the right way.

Furthermore, we noted that care staff had not always received all of the refresher training that the registered persons said was necessary in order to keep their knowledge and skills up to date. Nevertheless, in practice care staff knew how to care for people in the right way. An example of this was care staff knowing how to assist people who were at risk of developing sore skin or who needed help to promote their continence. We raised our concerns about the provision of training with the registered manager who told us that they would make the necessary improvements to address each of the shortfalls we had identified.

People told us that they enjoyed their meals. One of them remarked, "The meals are okay on most days and certainly we get enough." A person who lived with dementia and who had special communication needs smiled broadly when we used sign assisted language to ask them about their experience of dining in the service. We were present at lunch time and we saw that people were offered a choice of dishes which were well presented.

We also found that people were being supported to eat and drink enough to maintain a balanced diet. Records showed that care staff were making sure that people were eating and drinking enough to keep their strength up. In addition, the registered manager was aware of the arrangements that needed to be made if a person was at risk of choking. This included people having their food and drinks specially prepared so that it was easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. This included care staff preparing written information likely to be useful to hospital staff when providing medical treatment. Another example of this was the registered managers offering to arrange for people to be accompanied to hospital appointments so that important information could be passed on to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

National guidelines were being followed to promote positive outcomes for people by seeking consent to care and treatment in line with legislation. The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered persons were working within the principles of the Mental Capacity Act 2005 by applying to obtain authorisations to deprive a person of their liberty when necessary. Also, we checked whether the registered persons had ensured that any conditions on authorisations were met.

Although some records had not been fully completed, we found that in practice people had been consulted about the care they received and had consented to its provision. We also noted that the registered managers had completed assessments when a person lacked the necessary mental capacity to make decisions about important things that affected them. This is necessary to identify occasions when it is necessary to involve key people in a person's life ensure that decisions are always taken in their best interests.

Also, records showed that the registered persons had made the necessary applications for DoLS authorisations. Furthermore, they had carefully checked to make sure that any conditions placed on the authorisations were being met. These measures helped to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

Requires Improvement

Is the service caring?

Our findings

People were positive about the care they received. One of them remarked, "The staff are very caring towards me and they're gentle in their manner." Relatives were also confident that their family members were treated with compassion and kindness. One of them remarked, "I call to the service regularly and I'd quickly be aware of anything that was amiss. I can honestly say that I have never had any concerns whatsoever." Another relative told us, "I think the staff and the owners are lovely people who are caring and who want to provide the best care possible."

However, we were concerned to find that suitable provision had not been made to promote people's privacy. The most frequently used communal toilet near to the lounge did not have a lock on the door and so could not be secured when in use. When we were nearby we witnessed a member of staff walk into the room thinking it was vacant whereas in fact a person was using the toilet. Also, most bedroom doors were not fitted with locks. In addition, the registered manager confirmed that people had not been asked if they wished to have a lock fitted to their bedroom door so that they could secure their personal space. A further concern was the arrangements used by the visiting hairdresser. There was no private space for her to use and as a result people had to sit in a communal hallway while they were having their consultation. We asked people their views about each of these arrangements and some of them voiced reservations. They told us that they would like to have a lock on the toilet door and on their bedroom door. They also said that they would like to have a more private space in which to see the hairdresser.

We also witnessed an occasion at lunchtime when a person did not receive assistance in a way that promoted their dignity. This was because the person needed help to manage cutlery and did not receive it in the right way. We saw a member of care staff assisting the person at the same time as they were helping someone else. We also noted that as a result the member of staff did not have the time they needed to speak with the person to find out what part of their meal they wished to be served next.

A further shortfall was that some members of care staff used English as a second language and we saw several occasions on which people could not easily understand what was being said to them. We were present when a member of staff had to repeat themselves three times as the person to whom they were speaking could not understand what they meant. We raised each of our concerns with the registered manager who told us that they would investigate what had gone wrong so that things could quickly be put right.

Failure to treat people with dignity and respect including ensuring their privacy was a breach of regulation 10 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Nevertheless, there were other examples of people being treated with kindness and being given emotional support when needed. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in a quiet alcove. They were both looking out of a window and chatting about how much they were looking forward to the arrival of Spring.

Care staff were considerate in making a special effort to welcome people when they first moved into the service. This had been done so that the experience was positive and not too daunting. The arrangements had included asking family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. Furthermore, records showed that care staff had gently asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family, friends or solicitors who could support them to express their preferences. Also, records showed and relatives confirmed that the registered managers had encouraged their involvement by liaising with them on a regular basis. Furthermore, the registered managers had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, care staff were assisting people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. Also, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People said that care staff provided them with all of the assistance they needed. One of them remarked, "The staff help me all the time but they're not bossy and leave me to my own devices when I want them to." Relatives were also positive about the amount of help their family members received. One of them commented, "I'm absolutely confident that my family member is well cared for. On top of the basics I see that they're always wearing colour-coordinated clothes in the way that they have always done for the whole of their life."

Care staff had prepared a care plan for each person that described the care each person needed and had agreed to receive. Records showed and our observations confirmed that people were reliably being given the assistance that they had agreed to receive in line with their care plan. This included assistance with washing and dressing, getting about safely, promoting their continence and managing healthcare conditions. However, little had been done to present information in a user-friendly way for people who lived with dementia by using multi-media tools such as graphics and colours. This oversight had reduced people's ability to be fully involved in the process of recording and reviewing the care they received. We spoke with the registered manager about this shortfall and they told us that improvements would quickly be made to better support people to access information that was kept in their name.

The registered manager told us that it was important to offer people a wide range of opportunities to pursue their hobbies and interests and to enjoy taking part in a range of social activities. We were told that this involved both inviting people to attend regular small-group activities and offering them one to one support. During the course of our inspection visit we saw a number of people enjoying singing along to their favourite tunes. We also saw other people being helped to enjoy painting. All in all there was a lively and engaged atmosphere in the service that promoted people's wellbeing.

Suitable provision had been made to acknowledge personal milestones. An example of this was people who used the residential provision being helped to celebrate their birthdays in a manner of their choice. This usually involved the chef baking them a special cake. Furthermore, we were told that people had been enabled to share in community events. An example of this was people being helped to put their name on the electoral roll and being supported to cast their vote if they wished to do so.

We noted that care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs through religious observance. Furthermore, documents showed that the registered persons recognised the importance of appropriately supporting people who chose gay, lesbian, bisexual and transgender lifestyles. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

Suitable arrangements were in place to listen and respond to people's concerns and complaints. There was a policy and procedure that provided guidance to the registered managers when investigating and resolving complaints. Although no complaints had been received since our last inspection visit, the documents showed that suitable provision was in place to manage complaints in the right way. Also, people told us that

they felt free to raise any concerns they had so that they could be used to develop the service.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Records showed that the registered managers had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. We also noted examples of care staff having kindly supported relatives at this difficult time. This included making them welcome so that they could stay with their family member during their last hours in order to provide comfort and reassurance.

Requires Improvement

Is the service well-led?

Our findings

People considered the service to be well run. One of them said, "I do think it's ship-shape here. The owners are always around so much so that they almost live here and they know exactly what's going on." Relatives were also complimentary about the management of the service. One of them remarked, "Overall, yes I do consider it to be well run. Whenever I've had a minor issue it's been sorted out there and then."

However, we found that suitable arrangements had not been made to ensure that the service reliably met regulatory requirements by learning, innovating and ensuring its sustainability. Although there were registered managers who recognised the importance of the service delivering person centred care, we found that quality checks had not always been completed in the right way to quickly put problems right. This had resulted in the persistence of the concerns we have described earlier in our inspection report. These issues included oversights in the provision of safe care and treatment, safeguarding people from the risk of financial mistreatment, the consistent delivery of respectful care and the maintenance of the accommodation. We spoke with the registered manager about this shortfall and they assured us that more robust quality checks would be completed to address each of our concerns.

Failure to assess, monitor and improve the quality and safety of the service in the carrying on of the regulated activity was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, we found that people had been involved in making improvements. Speaking about this a person remarked, "If I think of something I'd like to see changed I've only got to say and the owners will do their best." Records showed that people had been invited to meet with the registered managers on a number of occasions. This had been done so that people had the opportunity to suggest how the service could be improved. Also, the registered persons had invited relatives to complete an annual questionnaire to comment on their experience of using the service. We noted that a number of suggested improvements had been made including changes to the menu so that it better reflected people's preferences.

A number of systems were in place to help care staff to be clear about their responsibilities. This included there being a named member of care staff who were in charge of each shift. Also, arrangements had been made for the registered managers to be on call during out of office hours to give advice and assistance to care staff should it be needed. Furthermore, care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision was designed to ensure that care staff were suitably supported to care for people in the right way.

Care staff told us there was an explicit 'zero-tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The service worked in partnership with other agencies. There were a number of examples to confirm that the

registered persons recognised the importance of ensuring that people received 'joined-up' care. This included operating efficient systems to manage vacancies in the residential provision. We saw that the registered persons carefully anticipated when vacancies may occur so that they could make the necessary arrangements for new people to quickly be offered the opportunity to receive care in the service.

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 10 HSCA RA Regulations 2014 Dignity and respect The registered persons had not made suitable provision to ensure that people were treated with dignity and respect including promoting their right to privacy.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had failed to assess risks to people's health and safety and to do all that was practical to keep people safe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had failed to assess, monitor and improve the quality and safety of the services in the carrying on of the regulated activity.