

Devonshire Manor Homes Limited

Devonshire Manor

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

This inspection took place on 15 January and 1 February 2019. The inspection was unannounced.

Devonshire Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Devonshire Manor offers accommodation for up to 15 people who require support with their personal care. There are 14 single bedrooms and one shared bedroom with communal bathrooms for people to use. At the time of our inspection 12 people were living at the home.

The home had a registered manager who had been in post for approximately one year. 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.

During our inspection in March 2017 we identified breaches of Regulations 11, 12 and 17. These breaches related to the management of risk, the implementation of the mental capacity act and the governance arrangements at the home.

At our last inspection in June 2018 the service had deteriorated and we identified breaches of Regulations 11,12,13,17,18 and 19. These breaches related to the management of risk, safety of the home's environment, the management of people's medication, safeguarding people from the risk of abuse, staff training and safe recruitment of new staff members, the implementation of the Mental Capacity Act and the governance arrangements of the home.

After the June 2018 inspection, the provider submitted an action plan to CQC outlining the action they intended to take to improve the service. At this inspection we found that the provider had taken steps to improve the service. However, on this inspection the provider was in breach of Regulation 9, 12 and 17. This is because the activities available for people and how they were supported to occupy themselves during the day did not always meet their needs or reflect their preferences; information in people's care plans did not adequately identify the risks present in people's support and show how these can be mitigated. The provider and registered manager had not used ongoing assessment and monitoring of the service to address these issues and also difficulties between the provider and registered manager and members of staff at the home. It was not clear what strategy or way forward the registered manager or provider had planned to tackle this problem.

There had been improvements in other areas of the home. For example, in the safety of the environment of the home and the quality of the facilities available to people, the safe administration of people's medication,

the addressing of any arising safeguarding concerns and people being consistently treated with dignity and respect.

The home's environment was clean, well maintained and there were no unpleasant odours. People told us that staff were kind, caring and treated them well. One person told us, "The staff are very kind to me." Another person said about the staff, "They are kind and patient." During our visit, we observed many positive and thoughtful interactions between staff and people who lived at the home. One person told us, "I get on well with staff, we have a laugh. They hug me and say good morning."

During our inspection we noted that there were enough staff to meet people's needs in a timely manner. However, when we asked people, their relatives and staff, feedback about the usual levels of staff was mixed.

People told us that staff consult with them to learn their wishes and obtain their consent; one person told us that staff listen to them and act on what they say. People were encouraged to make as many choices for themselves as possible. When care planning and supporting people to make decisions the principles of the MCA were being applied. People were treated with respect and their choices and if appropriate their consent was sought before staff offered any care or support. People's personal records and private and confidential information was appropriately stored to protect their privacy.

People told us that they thought staff members had the knowledge and skills to support them effectively. Staff received support with a programme of ongoing training using computer based e-learning and practical demonstrations. Staff also had regular supervision meetings with a senior member of staff. New staff received an induction into their role with a senior member of staff covering the topics in an induction worksheet. One staff member told us that after this process they felt ready to support people another staff member told us they felt confident in their role.

People were supported with their healthcare needs. There were records that showed that the service worked alongside healthcare professionals and demonstrated times when staff had been proactive in identifying a health concern and raising an appropriate alert.

Each person had a care plan which contained some person-centred information about people and their lives. People's relatives told us that they were involved in putting together their family member's care plans. We saw that people's care plans were regularly reviewed by the person's keyworker and care staff had signed then to say that they had read the information they contained. Any accidents or incidents that happened at the home were recorded and appropriately responded to and learned from.

People told us they would feel confident raising a complaint with staff, but told us they had not had a reason to. People's relatives told us that they felt comfortable and would not hesitate to raise a concern.

People's relatives told us they knew who the registered manager was and they found them approachable. One person's relative told us, "I have seen an improvement since [registered manager's name] has taken over as Manager. There are improvements in the home and the staff seem happier." We found both the provider and manager were pleasant, approachable and receptive to any feedback given.

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.

Risks were not consistently identified and reduced. It was unclear how people would be evacuated in an emergency.

People told us they felt safe at the home. People's medication was administered safely.

There had been improvements in the safety of the home's environment.

Requires Improvement ●

Is the service effective?

The service was effective.

The service operated within the principles of the Mental Capacity Act (2005). People's consent to their care was sought.

People told us they thought staff had the skills and knowledge to support them.

People were supported with their healthcare needs.

Good ●

Is the service caring?

The service was caring.

People told us that staff were kind, caring and treated them well. People's relatives told us that they always had a warm welcome when they visited the home.

People were treated with respect and their choices and if appropriate their consent was sought before staff offered any care or support.

People privacy and private and confidential information was respected.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

How people were supported to occupy themselves during the day did not always meet their needs or reflect their preferences.

Each person had a care plan which contained some person-centred information about people and their lives. People's relatives told us that they were involved in putting together their family member's care plans.

People and their relatives told us they would feel confident raising a complaint if necessary.

Is the service well-led?

The service was not always well led.

The provider and registered manager had not always assessed, monitored and improved the quality of the services provided for people.

There had been improvements in some areas of the home, such as safety of the environment and safe medication administration.

People's relatives told us they knew who the registered manager was and they found them approachable. We found both the provider and manager were pleasant, approachable and receptive to any feedback given.

Requires Improvement 

Devonshire Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 January and 1 February 2019. The inspection was unannounced. The inspection was carried out by an adult social care inspector, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit we looked at any information we had received about the home and we contacted the Local Authority for their feedback. On the day of the inspection we spoke with eight people who lived at the home and three people's relatives. We also spoke with the manager, the provider and four members of the care team.

We looked at the home's communal areas and visited some people's bedrooms who had invited us to. We reviewed a range of records including three care records, medication records, staff recruitment and training records, policies and procedures and records relating to the management of the home.

Is the service safe?

Our findings

At our inspection in March 2017 we identified breaches of Regulation 12. This was because risks in the delivery of care to people were not always assessed and managed.

At our inspection in June 2018 we identified that the service continued to be in breach of Regulation 12. Specific risks in relation to people's care were assessed but staff did not always have adequate guidance on how to manage these risks when supporting people.

At this inspection the service continued to be in breach of Regulation 12. The registered manager has put a new risk screen and risk management system in place. However, this still did not always adequately identify the risks present in people's support and show how these should be mitigated. The risk management documents read as a list of many areas of people's care that may pose a risk without actually identifying what the risk was. This meant that after reading a person's risk management plan it was not clear what risks may be present when supporting this person. We reviewed one person's risk management plan in detail with the registered manager and found that two significant risks in the person's support had not been identified. This meant that the system in place to identify and reduce risks in people's support was not effective. We recommended that the registered manager review people's risk assessments to ensure that they clearly identified the risks present in people's support.

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

Some steps had been taken to ensure that the building was safe in the event of a fire. The building had a fire risk assessment and a fire alarm system that separated the building into four zones. This alarm was checked periodically. Firefighting equipment and emergency lighting had been checked and serviced by competent persons. Additional measures had been taken for example curtains in people's rooms had been treated to make them flame retardant. In June 2018 the fire service reported that the home was fire safe to a "satisfactory standard."

Nearly all staff had completed fire safety training. However, plans to evacuate people in the event of a fire were not effective. Each person had a personal emergency evacuation plan (PEEP) which should outline what support a person would need in an emergency and ensure that any equipment needed was in place. We saw that the home had a sled to help some people evacuate in an emergency; when we asked some staff members and the registered manager who would need the sled in an emergency each one told us the names of different people. When we looked at the PEEP's only one person's PEEP highlighted that the person would need this support. The sled was unravelled with other items on a window ledge on the ground floor of the building. Some people who staff told us may need a sled were staying on the first floor.

Also, there was a fire evacuation drill that took place in August 2018. This did not contain the details of what took place or how people would be evacuated in an emergency. We told the provider to review people's PEEP's and the fire evacuation process at the home as they were not adequate.

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

At our previous inspection in June 2018 we identified that the service was in breach of Regulation 12 because the management of people's medication was not always safe. Previously, there were gaps in the records of people's daily medication where it had not been recorded what medication people had received and for time sensitive medication, it had not been recorded what time it had been given. Also, when people had repeatedly refused their medication no medication advice had been sought or any other action taken. This meant that it was not possible to know for sure if people had received their medication as prescribed.

At this inspection the safe administration of people's medication had improved and the service was no longer in breach of Regulation 12 in relation to medication. Medication audits had been effective in improving the administration of medication. Audits in November 2018 had highlighted some incorrect recording of as and when required (PRN) medication and this had been corrected.

The records showed that people received their medication as prescribed and we saw that when people had been prescribed antibiotics these had been started quickly. There was a diary of people's health needs and any medication information that needed to be known by staff members. Each person had a medication record that contained a photograph and a record of any allergies they had. There was a ten-point daily record check that was completed by staff to help ensure safe practices. Staff received medication training and were observed whilst administering medication six times before they were authorised as being competent to administer medication.

There were some areas requiring further improvements. Two people's stock balances of as and when required paracetamol was wrong by two tablets. One of these looked like it was a recording error when carrying forward the stock of medication. We discussed this with the registered manager.

We saw that the registered manager had arranged for a review of people's medication who had recently moved into the home. This showed a pro-active approach in helping to ensure that people received appropriate medication that met their needs.

At the time of our inspection not all-night staff had been assessed in the safe administering of people's medication. This meant that during the night there was not always a staff member present who was able to administer people's medication. The registered manager told us that if a person needed medication; for example, for pain relief staff would call them and they would attend to administer. This is a temporary arrangement whilst medication assessments were taking place.

At our previous inspection in June 2018 we identified that the service was in breach of Regulation 12 because the provider had not ensured the home's environment was always safe. Since that inspection most of the concerns highlighted have been solved and work was ongoing in the remaining areas. The safety of the environment of the home had improved and the building was now reasonably safe and was no longer in breach of Regulation 12.

There had been work done to the gas installation that meant that the boilers in the home could work effectively. The gas system and appliances had been serviced and safety checked. The electrical circuits and electrical appliances had been tested for safety.

The provider had arranged for checks on the safety of the water supply by competent persons and safety mixer valves had been fitted to the taps that people had access to regulate the temperature of the water.

There was no system in place to regularly check the regulated temperature of people's water to ensure it was within a safe range. We recommended to the provider that they start doing this.

The home's environment was clean, well maintained and there were no unpleasant odours; the provider used sanitising equipment to periodically deep clean people's rooms. People and their relatives told us the home was always clean. One person told us, "The home and my room are always clean and tidy." One person's relative said, "The home is spotless and there are never any nasty smells."

At our previous inspection we found that some aspects of infection control did not meet the required standards. The location of the sluice and the handling of soiled laundry and other items posed the risk of cross contamination. At this inspection we saw that there was a new clean linen store on the top floor of the building, separate to the laundry room. There were appropriate measures in place for the safe disposal of clinical waste. Also, there was a temporary arrangement for the safe handling of soiled items and work was underway on adapting the current laundry room and building a new sluice facility at the home.

At our inspection in June 2018 we identified that the service was in breach of Regulation 19 because safe recruitment practices had not been followed.

At this inspection the service was no longer in breach of Regulation 19. We looked at the recruitment records for five members of staff and we saw that improvements had been made in following safe recruitment practices and the service was no longer in breach of this regulation. Candidates filled out an application form giving their work history and the names of referees, references were sought and checks were arranged for each candidate from the Disclosure and Barring Service (DBS). The DBS completes background checks on applicants which help the registered manager make decisions on people's suitability to work with vulnerable adults.

For two new staff members there was no record of an interview process taking place to determine the applicant's suitability. It is good practise to make a record of the questions asked of and the answers given by candidates during an interview; we recommended that the registered manager review how interviews are used in the recruiting of new staff members.

At our inspection in June 2018 we identified that the service was in breach of Regulation 13 because the provider did not have robust safeguarding procedures. At this inspection the safeguarding procedures had improved and the service was no longer in breach of the Regulation. Staff received training in safeguarding vulnerable adults. The service had an up to date safeguarding policy which contained the details of outside organisations that staff can contact if they had the need to. A copy of this that staff had signed to say it had been read and understood was in the daily communication book as well as in the policy file in the office. Staff also had access to the local authorities safeguarding policy and there were forms to complete with prompts, if staff had identified any safeguarding concern.

People at the home and their relatives told us that they thought the home was safe. One person told us, "I feel safe because there is always plenty of staff about." Another person said, "I feel safe here. I used to live alone and was scared; but I feel safe here." People's relatives told us that they thought the home was safe. One person's family member told us, "I go away from here knowing that she is one hundred percent safe."

During our inspection we noted that there were enough staff to meet people's needs in a timely manner. There was three members of staff, plus the registered manager and two domestic staff. We saw that there was always a member of staff in the lounge area spending time interacting and chatting with people and people who stayed in their rooms had regular checks on their welfare.

However, when we asked people, their relatives and staff, feedback about the usual levels of staff was mixed. One person told us, "They could do with more staff, I use my call bell and sometimes have to wait a while." People's relatives told us that they thought more staff were required and one thought that their relative did not receive personal care frequently enough. Staff told us that this was due to high levels of sickness amongst the staff team and when a staff member went off this left the service without enough staff. One staff member told us that being short staffed, "Happened frequently. We leave less important tasks and ensure people's needs are met." The registered manager told us that this had recently improved with the recruitment of new staff members. Some staff members told us that staffing had recently improved with the recruitment of new staff members.

Each person's room, the lounge and bathrooms had a call bell which people could use to alert staff when they needed support. These call bells were tested monthly. We saw that staff could silence the call bell from the control panel without going to the call bell point that had been triggered. We asked the provider to look at this as it may mean that a call bell can be turned off without the person's being attended to.

During our inspection we observed that people were supported to move safely. People told us that they thought that staff had the skills to do this. Equipment such as hoists that were used to help people move safely had been serviced and checked by competent persons.

Any accidents or incidents that happened at the home were recorded and appropriately responded to. We saw that staff made a record of any accidents or incidents close to the time when they had happened. The registered manager reviewed these and once a month looked at the records across the home to identify any patterns that may indicate a wider concern that may need looking into. We saw that after an accident people had received appropriate support including any necessary medical checks. The number of people experiencing falls at the home has reduced.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our inspection in June 2018 we identified that the service continued to be in breach of Regulation 11. This was because the provider failed to have proper processes in place to ensure people's consent to their care was legally obtained.

At this inspection we saw that improvements had been made and the provider was no longer in breach of this Regulation. People told us that staff consult with them to learn their wishes and obtain their consent; one person told us that staff listen to them and act on what they say. People were encouraged to make as many choices for themselves as possible. For example, people told us they chose when to get up and when to go to bed; this was not dependent on a particular time or staffing arrangements.

When care planning and supporting people to make decisions the principles of the MCA were being applied. For example, one person's care plan showed that it respected the person's capacity to make informed decisions; the support plans for mitigating risk showed that they had been consulted and their agreement with the plan and support in place had been gained. For other people who had been deemed as not having capacity to consent to their care and treatment the registered manager had arranged for an application for a DoLS from the local authority. This helped protect people's legal rights.

People told us that they thought the staff members had the knowledge and skills to support them effectively. One person who was supported to move safely using a hoist told us, "The staff always do this ok and know what they are doing." Another person told us, "The staff here are fantastic. They are second to none." People's relatives also told us that they thought that staff had the training and knowledge to care for their family member.

New staff received an induction into their role with a senior member of staff covering the topics in an induction worksheet. During the induction they used people's pen pictures to learn about people's life history, likes and dislikes and spending time getting to know people including what they can do independently and what they may need support with. One staff member told us that after this process they felt ready to support people another staff member told us they felt confident in their role.

There was a programme of ongoing training using computer based e-learning and practical demonstrations. Staff also had regular supervision meetings with a senior member of staff, these were used to provide staff with guidance and at times to highlight areas of staff performance that required improvement.

We saw that when arriving at the home there was an assessment of people's needs completed. The assessment also included information on what people can do for themselves and what relationships were important to them. This helped staff at the home to be equipped to meet people's needs when they arrived.

Feedback from people about the quality of the food was mostly good; however, some people expressed that they didn't always know what choices were available. People ate where they chose, either in the dining area, lounge or in their own bedrooms. We didn't see anybody being asked for their preferences and the meals arrived from the kitchen already laid out on plates with covers. Food was presented nicely and was reasonably appetising. The cook told us that they will make alternatives if people request them, however there is one menu choice for each day. We saw that one person had requested and received an alternative of egg on toast. During our visit, people appeared to enjoy the food and staff did not take anything away until they had sought people's permission.

People who required support to eat were provided with adapted crockery which helped them to remain as independent as possible. Staff were always nearby to help anybody who needed support. One person's relative told us that their family member was being encouraged to eat as they had lost their appetite; but they were receiving support with this. There were plenty of snacks and drinks available for people throughout the day into the evenings. Some people who had been identified as being at risk of malnutrition had their food and drink intake recorded on a food and fluid charts to enable staff to monitor this.

The kitchen was clean to a reasonable standard. On the last two inspections from the Food Standards Agency the kitchen was rated as three out of five, this means that food hygiene standards are generally satisfactory. When we visited we saw that there were gaps in the recording of food temperatures, daily checks and cleaning records. The building was adapted to meet people's mobility and support needs. The home used ramps to the outside areas; outside the home there were well maintained grounds that staff told us people used during the summer. There were stair lifts for people to access bedrooms on the first floor. Since our last inspection the provider had made further adaptations and refurbishments to one of the bathrooms turning this into an accessible wet room. People told us that they liked their rooms, people had been supported to personalise their rooms and they appeared homely.

People were supported with their healthcare needs. People told us they were supported to see a doctor if they needed to and were supported with other appointments. People relatives told us they had confidence in staff supporting people with their healthcare. They told us that they always felt well informed if the home had called out a doctor or been to another healthcare appointment.

There was records that showed that the service worked alongside healthcare professionals and demonstrated times when staff had been proactive in identifying a health concern and raising an appropriate alert. There was a diary that ensured people were supported with routine healthcare needs and that these were effectively managed.

Is the service caring?

Our findings

At our inspection in June 2018 we identified that the service was in breach of Regulation 10. This was because people were not always treated with dignity and respect and their right to privacy was not always promoted. At this inspection we saw that improvements had been made and the service was no longer in breach of this Regulation.

People told us that staff were kind, caring and treated them well. One person told us, "The staff are very kind to me." Another person said about the staff, "They are kind and patient." People's relatives gave us the same feedback. One told us, "The staff have never been anything but kind and patient with [name]." Another said, "All the staff are kind and caring." Other feedback was that staff were respectful when talking with people.

During our visit, we observed many positive and thoughtful interactions between staff and people who lived at the home. One person told us, "I get on well with staff, we have a laugh. They hug me and say good morning." It was obvious that people felt relaxed and comfortable in the company of staff members. We saw that people's first names were always used and appropriate support was given to people such as a comforting people by staff putting their arm around them. Also from the support staff offered it was clear that they were familiar with people's likes and dislikes. We also observed that people's dignity was protected and some care was offered in a private and discreet manner.

People spoke positively about the atmosphere at the home. One person told us, "It's a friendly and warm atmosphere here." Another person said, "The atmosphere in the home is ok and they look after me. I am happy enough here." People's relatives described the atmosphere at the home as calm and pleasant. One person's family member told us, "[Name] has got a good quality of life because she feels like it is her home and loves it here."

People's relatives told us that they always had a warm welcome when they visited the home; there was no restrictions on visiting times and they were always offered refreshments by staff. They knew staff members by name and were aware of what their roles were.

People were treated with respect and their choices and if appropriate their consent was sought before staff offered any care or support. For example, some people chose to stay in their room until after lunch and then to sit in the lounge. After lunch staff asked them if they wished to use the lounge and where they would like to sit. If people chose to go back to their rooms we saw that staff ensured they had a call bell to contact staff quickly if needed. As part of people's care planning people were asked their opinions on their preferences.

People's personal records and private and confidential information was appropriately stored to protect their privacy. Information was made available on independent advocacy that people may benefit from.

Is the service responsive?

Our findings

The activities available for people and how they were supported to occupy themselves during the day did not always meet their needs or reflect their preferences. The home kept a record of what activities were available to people and how people had been supported to spend their time during the day. When we looked at the records we saw that for the previous three days nothing had been recorded; and there were other days with no information. In the previous week an entry had been made which stated, "short staffed". We spoke with staff about their ability to provide meaningful activities for people during the day, to provide stimulation and encourage interaction and conversation. One staff member told us, "Quite often this does not happen due to being short staffed." Another staff member said there was, "Not enough stimulation [for people]."

In the previous three weeks only 10 of the 21 days had a record of any activity taking place at the home. Some of these entries was that people had watched a movie on the television. Staff also told us that there were limited resources available at the home for activities. One staff commented that there was, "Not much for people to do." We saw that people's care plans did not explore or highlight for staff how people would like to spend their time during the day.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that quite a few people chose to stay in their bedrooms during the day. One person told us, "I stay in my room apart from my meals, I am happy to be on my own with the door open. I would never take part in the activities." Another person said, "I do not go out of my room so I do not take part in activities." People in their rooms and in the lounge, were served drinks and snacks during the day.

On the first day we visited during the afternoon staff played some music in the lounge and encouraged people to sing along which some people did. Some people coloured pictures and others had their nails painted. However, there is evidence that this is not people's typical experience at the home.

Each person had a care plan which contained some person-centred information about people and their lives. There was a document completed for each person called "Take a walk in my shoes"; this contained some information on people's life and work history and personal preferences in their personal care, food and how they like to be greeted. People's care plans contained some smaller details that were important to people. For example, one person's care plan highlighted that they liked to have a glass of sherry each night.

People's relatives told us that they were involved in putting together their family member's care plans. We saw that people's care plans were regularly reviewed by the person's keyworker and care staff had signed then to say that they had read the information they contained. When staff change there was a brief handover meeting and a handover sheet on which was recorded any significant information about people and updates that the incoming staff may need to know to be able to support people.

People we spoke with told us they would feel confident raising a complaint with staff, but told us they had not had a reason to. The home's complaints policy was displayed on the notice board for people's information. People's relatives told us that they felt comfortable and would not hesitate to raise a concern. One relative told us of a time when they had felt the need to raise a concern with the registered manager and the situation had improved.

Is the service well-led?

Our findings

At our previous two inspections in March 2017 and June 2018 we identified breaches of Regulation 17. This was because the provider had failed to make adequate improvements to the management of the service and the service continued to be poorly led.

At this inspection the home had a registered manager who had been in post for approximately one year. Most of the improvements needed to the home had been completed however there were still some areas of the management of the home that required improvement.

This meant that the system in place to identify and reduce risks in people's support was not effective. The regular reviews of people's care plans had not highlighted risks in people's care and the omission of these from risk assessments.

There was evidence of poor relationships between some members of the staff team, the provider and the registered manager. This had led to low morale amongst the staff team. All staff we spoke with told us there had been a problem with staff sickness and an increase in staff turnover. One staff member told us, "I'm working here looking after people; but I don't feel looked after." Another staff member described the moral of staff as low.

The registered manager and the provider acknowledged that there were difficulties with a number of people in the staff team. It was not clear what strategy or way forward the registered manager or provider had planned to tackle this problem.

The provider and registered manager are required to assess, monitor and improve the quality of the services provided for people including the quality of the experience of people living in the home; and to continually seek and when necessary act on feedback from people living at the home and the people involved in their care. This had not happened in all areas of the service provided. For example; in the addressing poor morale within the staff team, the assessment and mitigation of some risks, feedback from people about the choice of food and providing people with stimulating and meaningful activities.

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

There had been improvements in other areas of the home. For example, in the environment and the facilities available to people, the safety of the home and the safe administration of people's medication, addressing any arising safeguarding concerns and people being consistently treated with dignity and respect.

Since our previous inspection the registered manager told us that they had moved the office downstairs to be more accessible to people, visitors and staff members and to have an increased presence within the home. Staff members told us that there had been improvements in some areas of the home and told us they thought people received good care.

People's relatives told us they knew who the registered manager was and they found them approachable. One person's relative told us, "I have seen an improvement since [registered manager's name] has taken over as Manager. There are improvements in the home and the staff seem happier." We found both the provider and manager were pleasant, approachable and receptive to any feedback given.

There was a questionnaire for obtaining people's feedback about the quality of care provided. The registered manager told us that a questionnaire for people's friends and family was due to be sent out. People's relatives told us they were involved in their family members care plans and felt well informed by staff and the registered manager.

At the home there was a 'you said', 'we did' notice board. It showed a number of areas where people had expressed opinions that the provider had taken action to accommodate. For example, after requests a shower room had been provided along with a Jacuzzi bath. The notice board highlighted that the provider had booked a professional entertainer for the home and was arranging for a photo style picture menu.

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 9 HSCA RA Regulations 2014 Person-centred care The activities available for people and how they were supported to occupy themselves during the day did not always meet their needs or reflect their preferences.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The system in place to identify and reduce risks in people's support was not effective.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager did not always assess, monitor and improve the quality of the services provided for people including the quality of the experience of people living in the home.