

Weldglobe Limited

St Georges Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

St Georges Care Home provides accommodation, care and support for up to 35 older people, some living with dementia. There were 28 people living in the service when we carried out an unannounced inspection on 19 January 2017.

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

At our comprehensive inspection of 13 and 21 July 2016, we found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed regarding staffing, safe care and treatment, person centred care and respect and dignity. A warning notice was served to the provider and registered manager for failing to comply with good governance.

We met with the provider's nominated individual and the registered manager 13 October 2016 to discuss their action plan in response to our inspection findings. We were given assurances that the shortfalls would be addressed.

During this inspection we found that improvements had been made in the service and were ongoing. Although the warning notice had been met, further improvements to staffing arrangements and people's meal time experience were required. The registered manager had made improvements in how the service monitored and checked the quality of care provided but this was a work in progress. These measures need to be sustained and embedded into practice.

People and relatives were complimentary about the care and support provided. Staff respected people's privacy and dignity and interacted with people in a kind and compassionate manner. They were knowledgeable about people's choices, views and preferences and acted on what they said.

There was a positive culture within the service; staff was aware of the provider's values and understood their roles and responsibilities. The atmosphere in the service was friendly and welcoming.

Staff were trained and supported to meet the needs of the people who used the service. They knew how to minimise risks and provide people with safe care. Procedures and processes guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

People and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs. Staff listened to people and acted on what they said.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff understood the need to obtain consent when providing care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Improvements to people's care records had been made and were ongoing to ensure they were accurate and reflected individual needs and preferences.

People were provided with the opportunity to participate in activities and to pursue individual interests.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals. People knew how to make a complaint if they were unhappy with the service.

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.

Improvements in staffing levels and deployment were ongoing to meet people's needs safely. The systems for the safe recruitment of staff were robust.

The likelihood of harm had been reduced because risks had been assessed and guidance provided to staff on how to manage risks and keep people safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

People were not consistently supported to have a positive meal time experience.

Staff were trained and supported to meet the needs of the people who used the service.

The service was working within the principles of the Mental Capacity Act.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good 

The service was caring.

Staff knew people who used the service well, respected their preferences and treated them with dignity and respect.

People and their relatives were complimentary about the effective relationships that they had with the management and the staff.

People and their relatives were involved in making decisions about their care and these decisions were respected.

Is the service responsive?

Good ●

The service was responsive

People's care and support needs were regularly assessed and reviewed. Where changes to their needs and preferences were identified these were respected and acted upon.

People were provided with the opportunity to participate in activities.

Feedback including comments, concerns and complaints were investigated and responded to and used to improve the quality of the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Improvements were being made and were ongoing in the quality assurance system. However these measures needed to be sustained and fully embedded into practice to drive improvement in the service.

The service provided an open culture. People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

St Georges Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection was carried out on 19 January 2017. It was undertaken by one 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.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public. Prior to our inspection we had received a complaint about the service provided, we looked at the concerns received during this inspection.

We spoke with nine people who used the service. Some of the people had complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures. We observed the way they interacted with the registered manager and staff.

We spoke with the registered manager, seven staff members, the administrator and two visiting health care professionals. We also received feedback about the service from two social care professionals.

To help us assess how people's care needs were being met we reviewed four people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our comprehensive inspection of 13 and 21 July 2016, we found there was a breach of Regulation 18: Staffing. Deployment of staff did not always ensure there were sufficient staff to meet people's care and welfare needs. The provider submitted an action plan to us on how they planned to address the shortfalls.

During this inspection there was mixed feedback about the staffing arrangements in the service. Two people told us there was enough staff to meet their needs but the majority of people said there was not enough staff. People described occasions where they had to wait for personal care or to have a drink or something to eat as there was no staff available. One person said, "I think they could have a lot more staff, sometimes there is more, sometimes less. The more staff there are the better it is for us, like you just heard, things like taking you to the toilet, they [staff] are always on the move." Another person commented, "It's a bit hectic and the biggest fly in the ointment is there is not enough carers. The other day I wanted to go to the toilet and I had to wait ages. They [staff] are really busy at night." A relative added, "Not always enough staff here, occasionally when people are off sick, impact is that they have to wait longer."

Staff told us that more staff were needed at night and during busy times or when people's needs changed. One member of staff said, "We could do with more staff. Nights have been difficult for the last two weeks as a resident has been on end of life care, 15 minute checks, along with two hourly turns, hourly rounds and cleaning it has been stressful." Another member of staff told us, "We have enough staff without holidays and sickness. We do everything we can for the residents; we just work harder and don't take breaks."

Some progress had been made to address previous staffing level pressures through recruitment which was ongoing and using preferred agency staff where needed. The registered manager was implementing a dependency tool to enable them to ensure that they had the correct staffing levels and skill mix in line with people's needs. They advised us that this would be continually reviewed and adapted to respond to the changing needs and circumstances of people. They showed us examples of how the staffing levels had been increased to accommodate people's needs such as attending a hospital appointment.

However further improvements to staffing levels and deployment arrangements were required to ensure people received a safe and consistent quality of care. For the majority of the inspection there were enough staff to meet people's needs safely. However the lunch time meal was not a positive experience for everyone. In the small lounge it was well organised and people received their meals on time. Where people required assistance this was provided without interruption and at an unhurried pace. However it was chaotic in the main dining lounge with staff who were supposed to be assisting people with their meal being interrupted and pulled away to undertake other tasks. There was no coordinated approach and a lack of leadership.

At our comprehensive inspection of 13 and 21 July 2016, we found there was a breach of Regulation 12: Safe care and treatment. Risk assessments did not consistently provide staff with guidance on how risks to people were minimised and robust systems were not in place to ensure safe and effective management of medicines. During this inspection we saw that improvements had been made in how care and support was

planned and delivered in a way that was intended to ensure people's safety and welfare. Staff were aware of people's needs and how to meet them. People's care records included individual risk assessments which identified how the risks in their care and support were minimised and included areas such as nutrition, falls, medicines, and pressure ulcers. People who were vulnerable as a result of specific medical conditions, such as diabetes and Parkinson's had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. From the sample of care records we looked at we found staff had clear and detailed information about how to manage risks. This also included examples of where healthcare professionals had been involved in the development and review of risk assessments. These measures helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff were familiar with the risk assessments in place and they confirmed that the risk assessments were accurate and regularly updated.

Improvements had been made to the safe management of medicines in the service. People told us they received their medicines when required. One person said, "I have nine or ten (pills), they [staff] put them on a spoon and they all go down at once. That is how I like to take them. " We observed two members of staff administering medicines to some people. They dispensed the medicines and explained to people before giving them their medicines what they were taking and were supportive and encouraging when needed. Medicines were provided to people as prescribed, for example with food.

Staff were provided with medicines training. People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide staff on when to offer these.

Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Staff recorded that people had taken their medicines on medicine administration records (MAR). Regular audits on medicines and frequent competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

The provider had plans in place to direct staff on the action to take in the event of any unexpected emergency that affected the delivery of the service, or put people at risk.

Improvements had been made since our last inspection to ensure people's individual needs were safely met by the adaptation, design and decoration of the service. The changes provided a more pleasant environment for people to live in. These included new carpets, redecoration in some of the communal areas and improved lighting which made the service brighter. The seating in the main lounge had been rearranged so that the chairs were no longer creating a large circle around the perimeter of the room. Instead the seating had been divided into smaller sections where people could choose where they wanted to sit. There was an area where people could sit together and participate in activities/watch television, there was a quite area at one end of the room where people could sit, for example with their relatives and there was an area with small tables where some people ate their meals. In addition we found that equipment such as people's wheelchairs was stored safely when not in use and no longer impeded people's movement around the service or posed a potential trip hazard.

People who used the service presented as relaxed and at ease in their surroundings and with the staff and registered manager. They told us they felt safe and protected living in the service. One person said, "I am very safe here. If I had any worries I would tell [registered manager, named member of staff]." Another person commented, "At night they [staff] always come round and look round the door, see you're in bed.

That makes me feel safe." Relatives told us they felt people were safe. One relative said, [Name of person using the service] is safe. Staff look after [them] ever so well and I know [they] will be alright."

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing (the reporting of poor practice) procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse to the appropriate professionals who were responsible for investigating concerns. One member of staff told us, "I find staff are helpful to me. If it was not a nice place I would leave. I would whistle blow." Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified or following the provider's disciplinary procedures.

Safe recruitment procedures were followed. Staff employed at the service told us they had relevant pre-employment checks before they commenced work, to check their suitability to work with people. They had also completed an induction programme once in post. This included reading information about people living in the service, including details about any risks that had been identified and how these risks were managed to ensure staff members could support people safely. Records we looked at confirmed this.

Is the service effective?

Our findings

Further improvements were needed to ensure everyone had a positive lunch time meal experience. In the small dining room it was well organised and people received their meals on time. Where people required assistance this was provided without interruption and at an unhurried pace by staff attentive to their needs. However it was chaotic in the main dining room with staff who were supposed to be assisting people with their meal being interrupted and pulled away to undertake other tasks. There was no coordinated approach and a lack of leadership. People did not receive their meal in a timely manner or at the temperature it was meant to be served. We had to prompt a member of staff to get one person a drink who had been repeatedly calling out. One member of staff said, "Lunch was a lack of team work. I am not happy about it at all. Normally lunch is lovely. It was a joke and I'm embarrassed."

The registered manager acknowledged that the lunch time meal had not been a positive experience for everyone. Following the inspection they provided information on observations and audits they had immediately carried out and the changes being made to improve people's experience. This included staggering the meal times with people who needed assistance given their meal first, in another quiet area of the service with dedicated staff to assist who were not to be interrupted and included in other tasks during this time. Records sent following this inspection reflected that these changes were being monitored and reviewed and were been discussed with people and relatives. These improvements will need to be sustained and embedded into practice to ensure people's needs are effectively met.

This was a breach of Regulation 9 Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Despite the inconsistencies found during the lunch time meal, people were complimentary about the food in the service. One person said, "Food is alright. I am always quite satisfied." Another person commented, "Food is very good. You can always ask for more; that's the great part about it." Another person added, "Very nice here. Food is good and they [staff] let you have what you want."

People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified, including weight loss, action had been taken, for example informing relatives or making referrals to health professionals. Guidance was acted on where people were required to have fortified drinks to boost their calorie intake. Where people were at risk of not drinking or eating enough there were records in place to monitor this. Improvements had been made in the recording of people's food and fluid charts. A new chart was being implemented which showed the amount people had consumed, a target fluid intake and guidance for staff to take if the target had not been reached such as reporting to the management team. This information would assist staff to provide with enough to drink in line with their assessed needs.

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). 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.

Improvements were needed to ensure staff consistently asked for consent before they supported people with their care needs, for example staff put protective aprons on three people in the main dining room without asking permission first. We observed instances during the lunch time meal where staff moved people's wheelchairs, footstalls or tables without asking for people's consent and explaining what they were doing. This caused people to be startled and disorientated. Aside from the lunch time meal we saw that staff were seeking consent and were able to demonstrate to us how they involved people as fully as possible in decisions about their care and support. The registered manager gave assurances that the inconsistencies we had found would be addressed.

Care records included documents which had been signed by people to consent to the care identified in their care plan, to be photographed and to be supported with their medicines by staff.

MCA assessments and best interest decisions were in place for people. The registered manager told us that relevant applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. They told us about examples of this and the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and the requirements relating to MCA and DoLS.

Systems were in place to ensure that staff were provided with training and support and the opportunity to achieve qualifications relevant to their role. People told us that staff were well trained and competent in meeting their needs. One person said, "[Member of staff] is very capable and knows how I like things done. Doesn't need to be told time and time again." A relative commented that, "Staff are good at what they do. I have never seen anything to give me cause for concern. They know how to use all the equipment [for moving and handling people] properly."

At our last inspection we found that improvements were needed to ensure staff were supervised to develop their practice and enabled to undertake their roles and responsibilities properly. During this inspection staff told us and records seen showed that staff had received supervision and there were plans for further supervision sessions in the year. A member of staff said, "I have had my appraisal and supervision since you were last here and have another supervision coming up in a few weeks. Dates are all up in the office."

People had access to health care services and received ongoing health care support where required. We saw that referrals to relevant professionals were done so in a timely manner. One person told us, "I see the doctor whenever I feel unwell". Another said, "If something is not right I just tell [registered manager] or [member of staff] and they get the doctor in. A visiting health professional said, "I find the staff at the home are very accommodating and caring. They know their residents well and will contact us straight away if they need advice or have any concerns."

Is the service caring?

Our findings

At our comprehensive inspection of 13 and 21 July 2016, we found there was a breach of a breach of Regulation 10 Dignity and respect. Staff approach was inconsistent and at times task focussed and hurried. Staff did not always undertake meaningful and respectful interactions with people. During this inspection we found that improvements had been made.

People told us they liked living in the service and the staff were respectful towards them. One person nodded their head, smiled and gave a thumbs up sign to indicate their satisfaction with the staff approach. Another person said, "Staff are lovely, we have a laugh and a joke. They help wash and dress me. I have a strip wash every day; they wash my legs and everything. Once a week I have a shower. They [staff] always ask me what I want to wear." Another person told us, "Its wonderful living here, the people are wonderful, they [staff] get me dressed, make sure I am not cold. The [staff] look after me well. I don't do a lot myself now. I have lost all of my actions." A third person commented, "They [staff] help you get dressed if you need it, very friendly. My bedroom is very comfortable."

Relatives were complimentary about the staff approach. One relative said, "They [staff] always ask me how I am, offer me a drink and biscuits." Another relative commented, "I get on well with all the staff."

We observed the way people interacted with the staff and the registered manager. This included how people responded to their environment and the staff who were supporting/communicating with them. Several people were seen smiling, laughing and enjoying friendly banter with the staff as they were getting ready to eat their lunch time meal. We saw one person holding hands and sharing a joke with a member of staff as they left the lounge to return to their bedroom for a rest after lunch. They called out to us and said, "I am off now for a little nap as want to save my energy. All my [television] programmes are on tonight." A member of staff said, "I would say this is a caring place. I never see anybody frustrated and staff all have a cheerful look about them." The registered manager was knowledgeable about people's individual needs and demonstrated they knew them well.

People's views, and those of their representatives where appropriate, were listened to and their views were taken into account when their care was planned and reviewed. This included their choices and usual routines, such as the times of getting up in the morning and going to bed at night. People chose where they wanted to be in the service and what they wanted to do. One person said, "I like to get up in the mornings, sometimes I'm washed and dressed by 6 o' clock because I have woken up. I can't lay in bed."

There was a warm and friendly atmosphere in the service. Staff we spoke with described how they provided a sensitive and personalised approach to their role and were respectful of people's needs. They told us they enjoyed their work and showed commitment and a positive approach. One member of staff said, "I really love my job; the people here are such characters and make me laugh." Staff knew people well; demonstrating an understanding of people's preferred routines likes and dislikes and what mattered to them.

People's dignity and privacy was promoted and respected. This included closing curtains and shutting doors before supporting them with personal care. In addition, when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected. One person told us they felt well cared for and that staff understood that they wanted to be more independent in the future and were supporting them to achieve this. They said, "I like to do things for myself but I sometimes can't and need help. They [staff] are ever so good they don't molly coddle me. They ask me what I want to do and where they can help me. I was poorly a while back and am still building up my strength; slowly getting there with their help."

We observed that staff took an active interest in the hobbies and interests of people which helped to promote positive relationships and shared experiences. We saw a small group of people and two members of staff talking about their favourite soap opera, discussing what might happen in the developing storyline. One person said, "I always talk to [member of staff] when they are working about [television programme]. We have a good giggle about what goes on." One person described a racy calendar they had in their bedroom called 'Hunks' and asked a member of staff to go and get it so they could show the group of people they were talking with. When the calendar appeared the group shared a light hearted conversation with laughter with staff. This demonstrated a relaxed and comfortable relationship between people and the staff.

People who used the service were supported to maintain relationships with others and were supported to see family and friends if they wanted to. People's relatives and representatives were able to visit the service when they wished.

Is the service responsive?

Our findings

At our comprehensive inspection of 13 and 21 July 2016, we found there was a breach of a breach of Regulation 9. Robust systems were not in place to ensure people's care records were current, accurate and detailed in respect of their plan of care and support. The provider wrote to us and told us how they were addressing these shortfalls. During this inspection we found that improvements had been made in these areas and were ongoing.

People's care records were accurate and detailed in respect of their plan of care and support. Regular reviews had taken place and care plans reflected people's current needs, providing guidance to staff on the level of support required. One member of staff said, "The care plans have all been updated and tell you what you need to know; so you're caring for people safely."

People received personalised care that took account of their individual choices and preferences and responded to their changing needs. Records showed that people's ongoing care and support was planned proactively with their involvement.

People's daily records identified the care and support provided to people. However these could be developed further to include any activities, interactions and the quality of these interactions. There was limited detailed information about the quality of the person's day and their mood and wellbeing.

The registered manager had recently begun auditing the care plans and had identified the issues we had found in the daily records. They were taking steps to address these issues and also with the language used so that it consistently valued people. Further support including guidance and training workshops for staff were planned and staff competency would be followed up in supervision. In addition they were implementing an audit tool to monitor and assess the quality of the care plans; independently identifying any areas for improvement and /or staff learning needs.

We observed lots of laughing and positive interactions with the activities lead and people in the lounge. People participated in activities and hobbies that interested them, both on an individual and group basis in the lounge. For example, several people engaged in the morning sing a long with an external entertainer and in an afternoon game of skittles with the activities coordinator. Whilst some people chose to knit, read their newspaper or watch television. One person said, "The sing song this morning was lovely but it's not very long. I watch telly in here [main lounge] with a crowd." Another person said, "I do a lot of crosswords. I do get frustrated. I do get bored. We have just started a gardening club. Last week we planted sweet peas and broad beans." A third person commented, "When the weather is nice we sit outside. I sit in there [main lounge] and do stitching; in and out with the needle." Relatives we spoke with told us they had seen people participating in a variety of activities such as quizzes, arts and crafts, bingo and exercise classes. One relative said, "Last week [person using the service] was in here playing bowls."

During the afternoon we saw that staff moved around and spent time talking with people on a one to one basis. The activities staff member worked five days a week, Monday to Friday. They told us they, "Set activities for the days I am not here. I do ask for feedback and I'm happy to have suggestions." One staff

member told us, "We [staff] do activities at the weekend and try to one to one with people in the afternoon when it is quieter."

Staff told us that regular safety checks were in place for people who spent their time alone and they tried to spend quality time with people. Records seen reflected this.

People told us that they felt that they were cared for and their needs were met. One person said, "Staff are ever so good, it's lovely to be waited on, you ain't got to do nothing for yourself, there is nothing I would change." Another person told us, "It's very nice; they [staff] are really sociable. I have even been washed by ladies which is unusual as far as I am concerned." A third person said about the staff being responsive to their needs, "They are kind they help you a lot; they are at your beck and call."

Staff were knowledgeable about people's specific needs. Staff moved around the service to make sure that people were not left without any interaction for long periods of time. This resulted in people showing positive signs of wellbeing such as smiling and engaging with one another and the staff.

Systems were in place for people and their relatives and or representatives to feedback their experiences of the care provided and raise any issues or concerns they may have. A relative told us, "Things do change. They [management] do implement different stuff; they do it so the residents don't feel it's the same old stuff." They explained how they were encouraged to share their views of the service adding, "Once a year I get posted a survey."

There had been several compliments received about the service since our last inspection. Themes included caring staff approach and effective communication. The service responded to people's comments and concerns. For example, incorporating changes to the menu and the planning and provision of activities and events, as well as individual changes to care arrangements.

People and relatives told us they knew how to make a complaint and had confidence their issue would be dealt with appropriately. One person said, "I am inclined to speak my mind and I can't find any fault." The provider's complaints policy and procedure was made freely available in the office and copies were given to people who used the service. It explained how people could make a complaint or raise a concern about the service they received. Improvements had been made

The registered manager showed us that feedback systems had been developed to capture informal comments and suggestions. These were used to improve the service and avoid further reoccurrence. Records seen identified how the service acted on people's feedback including their informal comments. These comments were used to prevent similar issues happening, for example providing additional training and improving communications where required.

Is the service well-led?

Our findings

At our last inspection 13 and 21 July 2016 we found a breach of Regulation 17 Good Governance. Robust systems were not in place to effectively monitor and evaluate the safety and quality of the service to drive continual improvements. The provider had not ensured that the service was operating effectively to ensure that people were receiving safe and effective care at all times. A warning notice was served to the provider and registered manager for failing to comply with good governance.

We met with the provider's nominated individual and the registered manager 13 October 2016 to discuss their action plan in response to our inspection findings. They agreed to send us monthly updates of the progress made to address the shortfalls. During this inspection we found that some improvements had been made in the service and were ongoing. However further improvements to staffing arrangements and people's meal time experience were required.

The management team had made progress with the documentation of people's records and meeting people's social and wellbeing needs. Quality assurance systems were being implemented to identify and address shortfalls to the service to drive ongoing improvements. The registered manager showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to staff development, ongoing recruitment, medicines management and the environment. This included new lighting, change in décor, equipment storage and new carpets. The registered manager advised that further improvements were planned such as developing people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.

However further improvements were still needed to ensure that new systems, processes and expectations of responsibilities were fully embedded. Therefore it was too early to see what impact these improvements were having on people and their experience of living in the service. The quality monitoring systems were not robust in all areas as inconsistencies still remained with the staffing arrangements and meal time experience which had not been independently picked up.

Feedback received from people, relatives and health and social care professionals cited positive staff interaction and improvements to morale and within the atmosphere in the service. One person said, "[Registered manager] is very hands on and visible in the home. Always make time for us here and regularly stops by for a chat to see how you're getting on." A relative commented, "I would go to [registered manager] if I wasn't happy." A health care professional commented the service had, "Made good progress with their record keeping. Manager is approachable and accommodating."

People, their relatives and or representatives were regularly asked for their views about the service. One person said, "I can speak freely here should I wish to, They [management and staff] listen to what we say. We have meetings every so often where you can talk about things; request changes to your food or room." People's feedback was collated through regular care reviews, resident meetings, quality satisfaction questionnaires and daily interactions and communications. We reviewed some of the feedback received

from a recent survey and saw that the return rate was high and comments were positive specifically about the caring nature of the staff. The registered manager advised us they planned to display the comments and any actions arising within the service so that people could see that their feedback was valued and being used to improve the service.

The registered manager told us how they had started professionally networking and planned to join groups to reduce the isolation of managing a service which was the only service owned by the provider. They also planned to sign up to electronic systems to advise of any changes in the care sector and to work with the local authority's provider support team to utilise their tools and resources to further improve the service.

Staff were clear on their roles and responsibilities. They told us they felt supported by the management team and could go and talk to them if they had concerns. One member of staff said, "The manager is a visible presence. [They] want the best for the residents. [They] work hard and is approachable." Another staff member said, "[Registered manager] is hands on. [They] will hand over in the afternoon shift and in the morning as well as [to] night staff. We communicate well." Staff said morale had improved since our last inspection although insufficient staffing levels did increase the pressure. Staff meetings were held regularly, providing staff with an opportunity for feedback and discussion. Staff told us that changes to people's needs were discussed at the meetings, as well as any issues that had arisen and what actions had been taken. They said that the meetings promoted shared learning and accountability within the staff team

The service worked in partnership with various organisations, including the local authority, district nurses, local GP services and older people services to ensure they were following good practice and providing a high quality service. Visiting health care professionals told us that the staff had engaged with them proactively and "make appropriate referrals for people and staff follow the advice given."

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 Robust systems were not in place to ensure people consistently had a positive meal time that effectively met their needs.