

Mrs S J Pillow

Green Bank

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Green Bank in May 2016 where two breaches of Regulation were found. As a result we undertook an inspection on 6 and 7 July 2017 to follow up on whether the required actions had been taken. Although we found improvements had been made, there remained areas that required improvement.

Green Bank provides accommodation, care and support for up to 20 people. On the day of our inspection 13 older people were living at the service. The service provides care and support to people living with dementia, people at risk of falls and people with long term healthcare needs such as diabetes.

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 and associated Regulations about how the service is run.

Although people told us they felt safe living at the service we found the provider had not consistently assured people's safety in areas related to the management of medicines. Some staff's training on safety issues associated with fire safety was not current. The registered manager took steps to mitigate these shortfalls during and directly after our inspection. We identified potential risks associated with people using equipment designed for skin pressure areas which was not required and subsequently not being routinely checked.

Staff had an understanding of the Mental Capacity Act 2005 and were seen to act in accordance with its principles whilst supporting people. However the provider had not ensured advocacy documentation was always current so as they could be assured appropriate people were making decisions on behalf of those people who lacked capacity.

The provider had not established a robust induction system which would ensure new staff had access to essential training and learning prior to working independently.

We found an example where the provider was unable to confirm an aspect of a person's personal care had been completed in line with their care plan. Some people who were new to the service had waited an extended period for comprehensive care plans to be designed. Although we saw activities taking place which people enjoyed the provider was not able to evidence consistency in the provision of this. The relevant staff member was awaiting their hours to be formalised and appear on the rota.

The provider had some effective systems in place to monitor and improve the quality of the service; however we also found shortfalls with areas of quality assurance which meant the provider did not always have clear oversight of areas such as medicines. The registered manager told us the high demand of their workload had begun to impact on their ability to achieve some tasks in a timely manner.

Most staff had an understanding of safeguarding; they were able to identify different types of abuse and told

us what actions they would take if they believed someone was at risk. There were sufficient numbers of staff working at Green Bank to respond to people's support needs.

People and their relatives told us staff were kind and caring and we saw many positive interactions between people and staff. There were regular light hearted exchanges between people and staff that were enjoyed.

People's health and wellbeing was monitored and the provider and senior staff were seen to regularly liaise with healthcare professionals for advice and guidance.

The provider had a complaints policy; this was displayed in a communal area. People and their relatives told us they knew how to complain.

We found breaches in Regulation. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People were not consistently protected by the safe management of medicines.

Some risks associated with fire safety had not been considered or actioned.

Some staff had not received relevant safety training for extended periods.

There were sufficient numbers staff on duty to meet the support needs of people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Although staff understood their responsibilities in relation to the Mental Capacity Act 2005 regarding care delivery; the provider had not always gained official notification that people's advocates had the appropriate legal status to make decisions on behalf of people.

New staff induction did not always ensure essential training was completed in a timely manner.

People told us they enjoyed mealtimes and the choice of food available at the service.

People had access to external healthcare professionals such as the GP and district nurse when required.

Is the service caring?

Good ●

The service was caring.

People told us they felt well cared for by kind staff who respected their privacy and dignity.

People were encouraged to maintain relationships with relatives

and friends and these were seen visiting throughout our inspection.

Care records were maintained safely and people's information kept confidentially.

Is the service responsive?

The service was not always responsive.

We identified a discrepancy between a person's daily care records and the care they had received.

The activities provision although seen to be enjoyed by people had not been allocated fixed scheduled hours.

Most people's care plans were detailed, accurate and reviewed however some people newer to the service were awaiting further information and assessments.

The service sought feedback from people and their representatives about the overall quality of the service.

Requires Improvement ●

Is the service well-led?

Green Bank was not consistently well-led.

Senior staff had not responded to a known health and safety risk in a timely manner.

Some quality assurance systems required improvement to enable the provider to have clear oversight of the service.

The registered manager told us their work high load impacted on their effectiveness in some areas.

Staff told us they could approach senior staff regarding concerns or for guidance.

Requires Improvement ●

Green Bank

Detailed findings

Background to this inspection

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

The inspection took place on 6 and 7 July 2017. It was undertaken by two inspectors.

We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at four care plans and risk assessments along with other relevant documentation to support our findings. We 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with seven people, three relatives and one visiting health care professional to seek their views and experiences of the services provided at Green Bank. We also spoke with the registered manager, their deputy, six care staff and four ancillary staff.

We observed the care which was delivered in communal areas to get a view of the care and support

provided across all areas. This included the lunchtime meals. As some people used non-verbal communication the inspection team spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection in May 2016, the provider was in breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found shortfalls in aspects of the management of medicines and safe food hygiene principles. The provider sent us an action plan stating how they would meet the requirements of the Regulation.

At this inspection we found some improvements in areas where we had previously identified shortfalls however there were areas of continuing failings and we also found new areas of concern. The provider remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people told us they felt safe living at Green Bank we found the provider had failed to take steps to ensure risks associated with fire safety had been appropriately managed. The home's dining room was located in a conservatory overlooking the garden. At the entrance to the conservatory there were 'stable type' doors. On two occasions we found these doors had been bolted closed which could present a risk if required for a rapid exit. Within the dining room there were two fire exits leading from it. One had no signage above it and the other opened up on to a narrow pathway where a garden hose pipe and open lounge windows would prevent easy access. The provider had commissioned an external fire risk assessment which had made a recommendation that 'mock evacuations' were completed by staff. This recommendation had not been implemented and staff told us they could not recall being involved in a mock emergency evacuation. The provider's personal emergency evacuation plans (PEEP) for people did not differentiate between day and night procedures. This meant the provider could not be assured staff would have an accurate picture of people's support needs at different times. For example one person's PEEP stated they would require '2/3' staff to support them however only two night staff currently worked at night. We referred our concerns regarding fire safety to the fire and rescue service.

At our last inspection we found shortfalls in aspects of medicines management. These had related to a person's controlled medicines and homely remedy best practice. Homely remedies are non-prescribed 'over the counter' medicines used for minor ailments. Although we found some improvements we also identified additional and continuing shortfalls in other areas related to the safe management of people's medicines.

The provider's had not established robust arrangements for people who received pain relief in the form of patches. When a person is supported to apply a patch it is good practice to identify where the patch has been located on a body map. This ensures staff can rotate the position of a patch to avoid the same site on the body being used. This lack of body maps meant staff could not be assured that a person who was using a pain patch was having their patch rotated appropriately. In addition this meant the provider could not be assured the 'site' rotation of people's medicine patches was being completed in line with current guidelines.

We found two separate occasions where it was not clear which medicines staff were administering to people. For example a person medicine was available both as a loose boxed medicine and within the multi-

dosage system (MDS). This meant that it could be confusing for staff with regard to which formulation or box to administer from and increased the risk of a medicines error.

We found the provider had not consistently followed their own medicines policy in regard to the storage of medicines following a death. The medicines policy stated that following a death a person's medicines should not be held at the home for longer than seven days. We found an example where a person's medicines were still within the service 20 days after their death. This meant neither the providers own policy or national guidance were being adhered to.

Additional medicines held as 'stock' were stored securely in the registered manager's office. However, the temperature of the cupboard was not monitored and so staff were unable to determine if they were being stored in line with the manufacturer's guidelines. The effectiveness of some medicines can be affected if they are stored in an environment that is too hot.

We found examples where the provider could not be assured staff had the skills, knowledge or competency to keep people safe. A member of staff who had been working at the service for six weeks had not completed any training in this time. Although this staff member had previously worked at the service and was familiar with the layout of the home their most recent fire training certificate was dated 2003. Another member of staff was unable to clearly describe what actions they would take if they suspected a person was at risk of abuse. They stated they would speak another carer. The registered manager acknowledged these shortfalls in staff training and told us this was in part due to having to wait for spaces to become available on 'local authority' training. Following our inspection the registered manager sent through an action plan which evidenced interim 'e-learning' training had been sourced and completed by these staff whilst they awaited their booked classroom training.

We found shortfalls in how the provider assessed staff competency to complete aspects of their roles. Staff completed refresher training on medicines on a two year rolling basis. However of the six staff trained to administer medicines only two had undergone a competency assessment within the previous 12 months. This meant that the provider could not be assured that staff who supported people with their medicines were competent to do so.

We found two people who were using specialist skin pressure relieving mattresses. However, there was no clinical requirement for them to be using this equipment. This meant there was a risk the mattresses may be set incorrectly for them and due to no requirement for them to be using them no routine checks were completed to ensure settings were correct. The above issues related to people's safety were a breach in Regulation 12 HSCA (Regulated Activities) Regulations 2014.

People and their relatives told us they felt there were sufficient numbers of staff on duty to meet their needs. One person's relative said, "Things have definitely improved from a few years ago, more carers about now." A person said, "When I use my (call) bell they come along quickly." Staff gave people the time they needed throughout the day, for example when supporting people to alternate their position in bed, and helping people to move between communal areas and their rooms. Staff were relaxed and unrushed and allowed people to move at their own pace. We saw staff checking people who were in their rooms regularly throughout the day. Call bells were seen to be responded to promptly. The registered manager told us people's dependency levels were reviewed as part of their care plan and adjustments in staffing levels would reflect these changes. Staff spoken with said that they felt there were sufficient numbers of staff working.

Records demonstrated staff were recruited in line with safe practice. Employment histories had been checked, previous employment references obtained and staff had undertaken Disclosure and Barring

Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People and their relatives told us they considered the home was clean. One person said, "The cleaners work hard and do their best to stay on top of it all." At our last inspection we found some basic food hygiene principles had not been followed in regards to the storage of food. At this inspection we found these risks had been addressed and food was stored in line with best practice. The registered manager had established additional checks to the kitchen to ensure these standards were maintained.

Regular fire alarm checks had been recorded and other routine health and safety checks undertaken to ensure safe management of equipment, electrics, food hygiene, and legionella. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) and boiler were seen to be routinely undertaken. The provider used the services of a maintenance worker who carried out routine checks and oversaw aspects of environmental safety such as checks on mobility aids.

Is the service effective?

Our findings

At the last inspection in May 2016 we found care was not always effective. We identified areas requiring improvement in relation to how the provider assessed and recorded decisions made for people who lacked capacity in line with the Mental Capacity Act 2005 (MCA).

Despite improvements in how people's mental capacity was assessed and recorded we identified additional areas which required improvement related to gaining authorised consent.

The Care Quality Commission (CQC) is required by law to monitor how providers operate in accordance with the Mental Capacity Act 2005 (MCA). The MCA requires that an assessment of capacity must be decision specific and a record of how the decision was reached. At our last inspection we found it was not always evident who had been included in making best interest decisions where a person lacked capacity. At this inspection we found more detailed recording of who had been included in decision making such as health care professionals and relatives. Despite these improvements the provider had not consistently confirmed the formal legal status of all people's advocates. This meant the provider could not be assured that those involved in the decision making process had the appropriate legal advocacy status to be included. This is an area that requires improvement.

Most care staff had received training and all staff had a basic understanding of the principles of the MCA and were able to provide examples of how they would follow these in people's daily care routines. Care staff were aware decisions made on behalf of people who lacked capacity had to be in their best interest. During the inspection we heard staff ask people for their consent to care. For example we heard a member of staff suggest to a person they ate in a communal area the person declined and staff respected their wishes. Another staff member was seen asking a person if they were, "Are you ready to take your medication at the moment?"

Staff were able to explain the implications of Deprivation of Liberty Safeguards (DoLS) for people living at the service. DoLS sits within the legal framework of the MCA. The purpose of DoLS is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. When appropriate the registered manager had made applications to the authorising body and where an authorisation had been granted the conditions were known and adhered to by staff.

Since our previous inspection in May 2016 the registered manager told us they had undergone a larger than usual staff turnover. This meant several new staff had required inducting. However the provider had not established a mechanism which would ensure staff who were awaiting a date for training had adequate opportunity to access interim training to ensure they had the knowledge required to support people effectively. This resulted in some new staff having completed limited or no training whilst awaiting a training course to become available. However, staff told us they were happy in the roles and felt well supported by senior staff and the registered manager. Staff underwent up to three supervisions a year although the registered manager acknowledged that they were 'slightly behind their schedule for a few staff'. Where staff had completed training they spoke positively of it. One staff member said, "Most of our training is done

through the local authority and is good." Staff received training in safeguarding, infection control, fire evacuation and food hygiene. During our inspection we saw staff appropriately supporting people who required assistance. There was additional training for staff to enable them to support people living at Green Bank such as dementia care and end of life care.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw their GP and other health care professionals. On the first day of our inspection a chiropodist was visiting people at the service and they spoke positively about the service and the care provided. Relatives told us staff were effective in responding to people's changing needs. One visiting relative said, "I think the staff have been good, they are quick to pick up if there is a change in health or a problem." One staff member told us, "We check for signs, changes in mobility and eating habits which may indicate their health is deteriorating." On the day of our inspection staff were seen to be carefully, yet discreetly, monitoring a person whose food intake had recently reduced. Where concerns had been identified regarding people's food intake, with their consent, the staff weighed people regularly and used this information to inform any referrals to dieticians speech and language therapists (SALT).

People were complimentary about the food at the home. People told us, they had enough to eat and drink. Positive feedback included, "Very happy, always plenty". Most people ate communally in the one of the home's lounges however people could choose where they wished to eat and this decision was respected by staff. People were given time to enjoy their food, with staff ensuring they were happy with their meals. One person had asked for fish and chips from a nearby shop for their lunch and the registered manager accommodated this request. Food was served in an efficient manner and a choice of drinks were available throughout the inspection. We saw that when people were not eating their main meal choice, an alternative was offered. Staff ensured specific people had drinks offered 'little and often' if they were struggling to drink enough fluids. One staff member said, "We offer drinks regularly and make sure they can reach their drinks."

Is the service caring?

Our findings

At the last inspection in May 2016 we found the service was not always caring. We identified areas that required improvement in relation to promoting people's dignity. At this inspection people continued to speak positively about the care they received and the staff that support them. One person said, "I haven't been here long but I've only good things to say, I am very happy." Despite positive comments we found some areas which required improvement.

People who had been assessed as having difficulties with communication such as those living with dementia type illness had a 'This is Me' whiteboard in their room. This was to provide high level prompts to people supporting or visiting the person about them as an individual. Most of the content on these boards was clear and appropriate and provided 'quick reference' prompts and reminders for staff. We found minor comments on one person's board which did not fully promote their dignity. We identified this issue to the registered manager who acknowledged the chosen wording was not appropriate and committed to remove and update the comments.

A person was seen having their hair cut by an external hairdresser. The hairdresser was kind, patient and demonstrated genuine affection towards the person. The hairdresser had been visiting the person for an extended period and knew the person well and spoke with them in a kind and caring manner. Although the person was unable to verbally communicate it was evident they were enjoying the appointment and their mood and demeanour became calm and relaxed. As staff walked by they also engaged positively with the person and hairdresser which contributed to the positive atmosphere.

However we also observed many positive, caring and kind interactions between people and staff. Staff knew people well and were familiar with their routines and preferences and knowledgeable about the personalities of people they supported. Staff spoke about people with respect and affection. A staff member said, "They (the people) make it a lovely place to be and work." Staff worked at people's pace whilst offering support, a staff member said, "It's busy but I don't need to rush, there is always time." Staff were seen chatting and there were relaxed light hearted exchanges taking place with people whilst support was provided. One person said, "I am happy and the staff are all very nice." One person's relative told us, "They are caring for my mum well; I am really very happy with it all."

People told us they had liked their rooms, one person said, "I enjoy looking at my photos and things around me, very homely for me." People were seen to spend time in communal areas and private rooms as they chose. One person's family had compiled a photograph album which they were seen looking through and enjoying memories, staff chatted and listened to the person telling them about various pictures.

People were supported to maintain their personal and physical appearance in accordance with their own wishes. One person's relative said, "They always look clean and smart just like they would have chosen themselves." Staff were seen to discreetly prompt people to visit the bathroom and offered support appropriately and in line with plans of care.

Visitors were welcomed at the service through our inspection. They sat with people in communal areas and private rooms. All relatives spoke of the caring nature of staff and that they felt comfortable and enjoyed

visiting the service. One person's relative told us they 'usually visited every day' and staff made them feel welcome. They said, "I always get offered a cup of tea and made to feel part of the home which is the way it should be."

Care documentation was held confidentially and the provider had established policies and procedures to protect people's private information. Most people's care documentation was stored and updated electronically, staff had individual passwords to ensure confidentiality was protected. The registered manager, where appropriate, scanned documentation into the software package so all sensitive information could be stored securely in one place.

Is the service responsive?

Our findings

At our last inspection in May 2016 we found the provider was not consistently responsive and we identified areas that required improvement in regards to how people's individual support needs were met. For example at our inspection in May 2016 we found some people being cared for in their beds did not have mechanisms fitted to their doors which safely held them open. This meant that as staff moved around the service these people were not receiving visual checks as regularly. At this inspection we found the provider had established a rolling programme to install these door mechanisms and all people cared for in their bed were able to be seen more easily and regularly as staff undertook their routine duties. Despite this development we continued to find areas which required improvement.

We found most people's care documentation was detailed, up-to-date and reviewed. However we found an example where the plan of care had not been followed in regard to a person's oral care. A person's daily care records identified they had completed their morning oral care independently however neither the inspector nor staff could locate a toothbrush or toothpaste for this person. Staff were unable to offer an explanation as to when or where these had gone and why the daily notes had been completed confirming this person had cleaned their teeth. The provider acknowledged this shortfall and requested staff provide replacements.

At our last inspection we found there had been improvement in the provision of activities for people; this was in part a result of additional numbers of care staff working in the day. At this inspection the newly appointed activities staff member was not working on the first day of our inspection. We found there were periods of the day when people had limited opportunities for interaction with staff other than daily care routines. A member of care staff said, "It is much better for residents when activities are going on." On the second day of our inspection the activities staff member worked for three hours. We found people in one of the lounges enjoyed a 'sing-along' and an arts and craft session during this time. The staff member now leading activities had recently been recruited as a carer however the registered manager told since the staff member had expressed an interest in activities had moved into this role. However their activity coordinator shifts were not identified on the staff rota and they had not been issued with a new job description or contract to reflect these changes. This meant we were unable to determine when people would have access to the activities sessions they told us they enjoyed. The registered manager committed to formalising these arrangements with the staff member.

The registered manager acknowledged that they had fallen behind with developing care plans for some people who had moved into the service more recently. For example a person who had moved into the service on 2 June had an 'initial care plan assessment'. The initial care plan assessment was a 'draft' care plan put in place when a person first arrived at the service, these did not contain the same level of detail as a full care plan. This person's initial care plan did not clearly guide staff on how to support them with all aspects of their care. The registered manager confirmed that although the care plan assessment had been completed on admission due to time pressures they had not yet expanded this to a full care plan.

We also saw examples which evidenced staff knew people well and provided person centred care. For example a person who required specific support to enable them to take their prescribed medicines was seen

to be supported in line with their care plan. Most care plans contained comprehensive information on people, such as preferred routines, likes and dislikes and personal life history.

The provider had a complaints policy and procedures in place; this was displayed in a communal area. The complaints policy included clear guidelines on how and when issues should be resolved. It also contained the contact details of appropriate external agencies. People told us they felt confident in raising concerns or making a complaint. One person said, "Oh yes, I would talk to the staff and they sort things for me." A person's relative said, "I haven't need to raise anything formally but there is always a senior staff member about to chat things through with." There had been no recent complaints for the provider to respond to.

Since our last inspection the registered manager had improved the methods they used to survey, collect and respond to feedback from people, relatives and stakeholders. The provider undertook various surveys to check on overall satisfaction levels, recent results demonstrated mainly positive responses. Within a communal area the registered manager had established a 'You Said – We did' type of collation for high level summary.

Is the service well-led?

Our findings

At our last two inspections in September 2015 and May 2016 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of the increased risk of unsafe or inappropriate care due to ineffective oversight and monitoring systems.

Following our last inspection in May 2016 the provider submitted an action plan detailing how they would meet their legal requirements. At this inspection although there was evidence that there had been improvements with aspects of quality assurance there remained shortfalls in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and as such a continuing breach remained.

The registered manager had not effectively mitigated a known risk to health and safety. The specific risk related to a fire door being intentionally prevented from closing. The registered manager told us this had been a long standing issue and although they had previously discussed their concerns with the person, the person had chosen not to comply with their recommendations. These conversations were not documented. The inspector suggested the registered manager have another discussion to again explain the risk and rationale with the person and their relative. Following a brief discussion the person agreed to actions that immediately removed the risk. This meant the registered manager had previously failed to manage an identified risk effectively or in a timely manner.

Although there had been improvement in some of the provider's quality assurance systems and audits; we also found an example where the medicines audit had not provided senior staff with clear oversight and had not identified the concerns we found. A question on a medicine audit stated, 'Have staff been informed if they have missed a signature?' The response was, 'Staff are always informed if they have missed a signature.' This did not provide detail for the provider regarding which staff, how often, and any other specific action taken to address a concern. An external audit by the provider's pharmacist in March 2017 included a recommended action for provision of a cooling requirement for the medicines trolley, as the maximum recommended temperature was consistently being approached. There was no subsequent action plan from the registered manager or deputy manager to address this requirement. This meant that although the provider had been informed of a potential risk in their systems for medicines storage, there was no evidence that action had been taken.

Robust systems had not been established so as the provider could assure themselves staff had appropriate skills and knowledge via regular competencies and access to timely training for new starters. This meant the provider could not be assured staff had the skills and were safe and competent to undertake their roles in areas such as fire safety and medicines.

The provider had not taken sufficient steps to assess or monitor the effectiveness of the registered manager to undertake their role. During our inspection the registered manager indicated that their time whilst at work was becoming increasingly pressured. As a result they acknowledged some tasks had not been completed as promptly as they would have wished. For example, staff supervision and updating initial care plans to full care plans. The registered manager undertook tasks such as all care planning, all administration associated with staff wages, the ordering of food supplies and recruitment. The registered

manager advised that they considered that additional support would now be helpful to support them with aspects of the administration of the service. They told us about plans to introduce a carers 'key worker' system which they believed may reduce their input into people's care plan design but this had not yet been fully established.

The above issues relate directly to the leadership of the service and are a breach of Regulation 17 HSCA (Regulated Activities) Regulations 2014.

However we found other quality assurance systems had been effective at driving improvement such as those associated with the environmental condition of people's rooms and communal areas and their cleanliness. Since our last inspection the provider had established an arrangement with a specialist infection control company who had provided a detailed audit and associated action plan and training. Staff told us this had been helpful and improved practice in this area.

Meeting minutes between senior staff identified a range of operational areas were routinely discussed and identified how improvements could be made within the service. Staff told us they found staff meetings helpful and felt the registered manager listened to ideas and suggestions. For example a cleaning template had been amended and updated. Staff were positive about working at the service and reoccurring theme from people, their relatives and staff was that the service had a 'homely feel'. Staff commented that the registered manager and their deputy were available for advice and generally felt supported in their roles.

The registered manager was responsive to our comments and feedback throughout the inspection and actioned multiple areas during the inspection and sent actions plans immediately after our inspection identifying how they intended to address the areas of concern we found.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	The registered provider had not assured all staff had the qualifications or competence to ensure people's safety. 12(2)(c)
	The registered provider had not taken all action to mitigate the risks associated with fire safety. 12(2)(d)
	The registered provider had not ensured equipment being used by people was used in a safe way. 12(2)(e)
	The registered provider had not protected people against the risks associated with the unsafe use and management of medicines. 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	The registered provider's systems to assess, monitor and improve the quality of service had not always been effective. 17(2)(a)
	The provider had not consistently monitored and mitigated the risks related to health and safety of people. 17(2)(b)