

Beechdale Care Limited

Beechdale Manor 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

About the service

Beechdale Manor is a residential care home providing personal and nursing care to 44 people aged 60 and over at the time of the inspection. The service can support up to 65 people. The service accommodates people in one adapted building which is set out across three floors, with wheelchair accessible ramps leading onto a pleasant garden area. The ground floor accommodates people who have a higher level of mobility and less complex needs. The first floor specialises in providing care to people living with dementia. The second floor provides care and support for people with more complex and palliative care requirements.

People's experience of using this service and what we found

There were concerns regarding the appropriate deployment of competent staff across the service in relation to the complexity of people's assessed needs.

People's weights, diabetes management and tissue viability were not always effectively monitored so that staff could identify early signs of people becoming unwell. We found that risk assessments were in place for these, although they were not always robust.

We found that not all medications were given in a timely, safe way for people using the service.

Quality assurance systems had improved since the last inspection in identifying any shortfalls in the service. Staff knew how to identify, report and respond to safeguarding concerns.

People told us they were supported by a registered manager and staff team who knew them well and who were caring. People were treated with dignity and respect.

People and their relatives were involved in planning their own care. People's care plans were detailed and gave staff clear guidance about how people liked to be supported. People were given the opportunity to take part in a range of activities and be active participants within the local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt well supported, and that they had the knowledge and skills to perform their roles and worked well as a team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was Requires Improvement (report published 22 November 2018) and there were two breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found although one of these regulations had been met, the provider was in still in breach of one regulation and a different regulation.

This is the second time the service has been rated Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We have identified breaches in relation to the deployment of competent staff across the service, proper and safe management and administration of medicines and not ensuring the effective assessment and management of risks to the health and safety of service users at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was not always Effective

Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was Caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was Responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always Well-Led

Details are in our Well-Led findings below

Requires Improvement ●

Beechdale Manor Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector, an assistant inspector, a Specialist Advisor Nurse, 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.

Service and service type

Beechdale 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group, Nottinghamshire Fire & Rescue Service and other professionals who work with the service. We contacted Healthwatch for feedback on the service, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and seven relatives about their experience of the care provided. We spoke with eleven members of staff including the providers, registered manager, the clinical lead nurse, nurses, senior care workers, care workers, domestic staff, the activity coordinator and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three visiting professionals during the inspection to gain their opinions of the service.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same, Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's needs: Regulation 18 HSCA RA Regulations 2014 Staffing

Staffing and recruitment

- There were concerns regarding the appropriate deployment of sufficient competent staff across the service in relation to the complexity of people's assessed needs. People told us that night times were of particular concern to them. One person told us, "No, there aren't enough staff. I'm not keen on the night staff. I don't feel safe, I don't see anyone around." Another person told us, "There are not enough staff. Especially at night time. They won't bother, you might as well go to sleep. In the day they will come and check on you but at night they don't seem interested." Although other people told us they felt that there were enough staff 'most of the time', but that weekends were often a problem. We saw that the registered manager and provider had increased the staffing levels since the previous inspection, but that the knowledge, competency and deployment of them across the large service was a concern.
- We saw throughout the inspection that staff were not always visible in some of the communal areas and people and relatives told us they felt there were not enough staff to meet their needs. In relation to this one person told us, "If staff aren't seeing to anybody else then the wait isn't too long. If they are looking after someone else, then it takes longer than five minutes. I hear other buzzers keep ringing. I need two staff at a time to take me to the toilet or to get me into bed."
- We saw during our inspection, there were seven people receiving nursing care on the top floor and this was staffed by one senior carer and one other staff member. At several points during the day, this floor was left with only one member of staff, whilst the senior went off this floor to perform other tasks. Half the people on this floor were cared for in bed and needed two staff to attend them; this therefore left the other people potentially at risk. We brought this to the attention of the registered manager and clinical lead, in order for them to address this.
- The registered manager used a dependency tool to calculate staffing levels based on the needs of people living in the home, but it was clear from reviewing care plans and speaking with people that some people had a higher level of dependency or required a review of their current level of need. We checked the rotas for the previous six weeks and found that the home had recruited staff from an agency when needed to cover shortages or sickness, and the registered manager tried to ensure consistency by using the same agency staff.
- Staff were recruited safely, and appropriate checks were completed to ensure they were suitable to support vulnerable people. This included references and their full employment history.

At this inspection we found that the provider had responded to the concerns raised at the previous inspection in relation to the number of staff. However, during this inspection we had concerns in relation to the deployment and competency of the staff on duty within the service. Therefore, although the concerns raised during the previous inspection had been resolved the provider remained in breach of Regulation 18: HSCA RA Regulations 2014 Staffing.

Using medicines safely

- We found that not all medications were given in a timely, safe way for people. In relation to time-critical medication for example, we saw one person requiring a medication for their health condition to be given at 12 noon, who was still waiting for this to be given at 13.30 hours. We raised this immediately with the clinical lead and the registered manager, who assured us they would address this.
- Not all people on 'as required', PRN medication had individualised protocols present in their files with instructions detailing when they require the PRN medication and how they may present when requiring these medications.
- On MAR charts we found that not all people had body maps in place for pain relief patch administration. This could lead to errors in staff giving medications safely for people.
- People were not given their morning medications at an appropriate time on all floors of the service. We found some people had been given their morning medication by the night staff, whilst some medications were starting to be given at a time of 10.00am. We found a marked difference between the competency and awareness of medication dispensing staff, which we raised with the registered manager and clinical lead at the time of inspection for them to address, which they assured us they would.

Assessing risk, safety monitoring and management

- Pressure relieving mattresses we observed were not found to be at the correct setting for all people.
- Assessments of potential risks included people's health and medical conditions such as epilepsy, diabetes, swallowing difficulties and behaviours when people became anxious. However, we had concerns that the risk assessments did not have robust action plans or outcomes for people. For example; there was a clear risk assessment for one person in relation to their skin integrity and falls risk. This identified a very high risk of pressure damage; however, the plan of care stated that the person only required staff to reposition every two hours during the day. There was no evidence of any plan in this person's care records for overnight repositioning.

We could not be assured the registered person was ensuring the proper and safe management and administration of medicines; and not ensuring the effective assessment and management of risks to the health and safety of service users who were receiving care or treatment.

The above is a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment.

- People who required a call bell were provided with one and shown how to use it. The registered manager had also ensured people had been assessed by the relevant teams and provided with pendant alarms and PIR sensors to reduce falls when required.
- Staff were guided on what to do to minimise risks to people and any immediate action to keep people safe in relation to support with eating. For example, some people were at risk of choking and needed their food to be cut up small and to have staff nearby at mealtimes. There was written information about what staff should do if the person started to choke.
- Regular checks were made on the environment to ensure it was safe and fit for purpose. Electrical and gas appliances were maintained, and fire equipment serviced.

Preventing and controlling infection

- We observed a number of staff, including nurses, wearing watches, stoned rings and bracelets. This poses a risk to residents' skin when providing personal care and is an infection control risk. We brought this to the attention of the registered manager and clinical lead during the inspection, and they assured us they would take immediate action to rectify this.
- There was a schedule of cleaning, with dedicated domestic staff and the service was observed to be clean and free from malodour.
- Personal protective equipment was available to staff and they followed appropriate laundry procedures to help prevent the spread of infection.

Learning lessons when things go wrong

- The registered manager monitored and analysed all events so that action could be taken to reduce the chance of the same things from happening again. For example, a number of similar incidents had occurred for one person and guidance had been put in place for staff to help minimise the impact for the person.
- Staff knew how to report and respond to incidents and accidents. Accidents and incidents were reviewed for themes and causes. Some people had experienced a number of falls, referrals were made to professionals to assess these people and advise how to reduce their falls. These people's rooms had been rearranged and preventative equipment provided for them, with their agreement, to reduce the risk of injury if the person fell.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and knew how to identify and act on any potential abuse. Staff also knew how to whistle-blow and to report any concerns, if they were not acted on, to external agencies.
- Staff understood their responsibilities in relation to keeping people safe from abuse. They could tell us the types of abuse they may see, and the action they would take if they were concerned.
- Where people were supported to manage their money, a record was kept of all transactions and these were audited to ensure their accuracy.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service and we saw evidence that most people had their care regularly reviewed. People's support was then planned using the information gathered.
- We found that there were some key omissions in people's plans of care. For example, we found that some people who required their weight to be managed had not had this documented effectively in their care plans. This lack of oversight had led to people with weight loss not being identified in a timely manner. We discussed this with the registered manager and clinical lead to ensure that this was robustly managed in future.
- Recognised tools were used for assessment of people's needs. we saw evidence of best practice guidance for key conditions in peoples' care plans.

Staff working with other agencies to provide consistent, effective, timely care

- We found that not all people had been referred in a timely manner for specific concerns relating to weight loss, diabetes management and tissue viability concerns. The service had records of people who were at risk of weight loss, which had not been robustly monitored or recorded in their individual care plans. There were no risk assessments in place for some people about what actions to take to escalate these concerns. We brought this to the attention of the registered manager and the clinical lead, who followed this up with the relevant GP for these people.

We recommended that the clinical lead should have a clear oversight of these concerns when the service moves onto a new electronic care planning system in the near future. Ensuring that best practice guidance is followed, and specialist teams are involved with people as required.

Supporting people to eat and drink enough to maintain a balanced diet

- We had mixed feedback regarding the food served at the home. Food was commented on favourably overall by the majority of people and relatives we spoke with, although people felt there was not always a wide choice offered, particularly at breakfast. One person told us, "I don't get a choice. This morning I got a breakfast that was terrible. I just left it. Nobody asked if I wanted something else." Another person said, "The food is lovely and tasty. I love my tea."
- We saw there was a good choice of meals available on the menu planner. If someone did not like the food on offer they could request something different. A 'tea room' was provided, for people and their relatives to access drinks and biscuits at any time.

- People could choose where to have their meals. Some people ate in the dining rooms and others in lounges or their bedrooms.
- Staff knew people's likes, dislikes and any dietary needs so they could support people appropriately. A record was made of what people ate when they took their meals at the service, to monitor if people were receiving a balanced diet.
- When people needed their food to be pureed or mashed to eat, this was provided. The experienced kitchen staff knew and understood people's dietary needs and preferences.
- During the inspection, an ice cream van visited on what was a very hot day. The registered manager bought ice creams for people, visitors and staff. This was a regular occurrence in the summer, and people told us they really enjoyed this.

Adapting service, design, decoration to meet people's

- People told us they had the things that they needed in their own rooms, so they could personalise them to make them their own.
- Some people were living with dementia and limited vision. It had been identified they may need additional aids and signage in the building, so they could continue to find their way around the home. We observed that not all floors of the home had appropriate signage, which in a large building could lead to people finding it difficult to navigate with ease. We did observe some homely touches, such as door knockers and numbers to aid recognition for people of their personal space.
- People had access to communal areas including lounges, dining areas, and a designated smoking area in the garden with seating. With the tea room and smaller lounge areas available, this enabled people to receive friends and relatives in private.

Staff support: induction, training, skills and experience

- Staff had a comprehensive induction when starting to work at the service which included training and working alongside more experienced staff. During their probation period staff's performance, knowledge and competency were assessed to ensure they were fit for their role.
- Staff told us they had enough training and support to meet people's needs. There was an ongoing schedule of training which covered core subjects and those related to people's needs such as continence and tissue viability.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health care and ensured people attended their appointments. A record of medical appointments, outcomes and any actions needed to support people effectively was recorded in care plans.
- The registered manager had encouraged a focus on good oral health. They were following the best practice guidance set out in the CQC 'Smiling Matters' document of June 2019. They had ensured everyone had a recent dental appointment and had shared the importance of encouraging people to clean their teeth or dentures daily with the staff team. People being looked after in bed were observed to be provided with good mouth care.
- Feedback from a visiting health care professional was that the service kept them informed of any issues with regards to people's health.
- We saw people had access to a regular visiting chiropodist, optometrist and hairdresser. One person told us, "I got my eyes checked. I see the hairdresser here when they come. The district nurse comes and says hello and asks how I am."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

We found the service was acting within the principles of the MCA.

- The manager and staff understood the principles of the MCA.
- Applications for DoLS were appropriately made.
- We saw evidence in people's care plans of appropriate and timely best interest decision making; which showed that after a mental capacity assessment, the best interests process was followed.
- Staff asked people for consent before delivering care and support. One person told us, "No one makes me do anything that I don't want. I'd like to see them try!" Another person said, "The staff persuade you but don't force you." One relative told us, "The staff always talk through what they are doing."
- A member of staff we spoke with told us, "If people do not have capacity then we act in their best interests and we would not treat people any differently if they lacked capacity."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. Good

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff interactions with people were genuine, kind and caring. One relative told us, "They know my relative very well, they have really encouraged [Name] to get up and about. We have seen a real improvement in their mood."
- We saw a staff member supporting one person to eat a late breakfast in their bedroom, speaking gently and quietly to them as they did this at the person's own pace.
- People mainly told us staff were caring. They said, "The staff are kind." Another said, "Staff are very good. They'll do what you ask them for. I can't fault them." One person told us, "Staff are good. They look after me, excellent. Not a bad one with me."
- A relative told us, "The staff are lovely, oh they really do care."
- People's religious preferences were recorded and respected. One person told us, "I am a Christian and have been to church twice."
- The cook spoke of providing cultural meals by request, which had been well received by people in the service, using recipes provided by people from their country of origin.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were happy to feedback their views to the registered manager and could go to residents' meetings if they wanted to.
- People said they felt listened to and had been involved in their care planning. One person told us, "I have a care plan in the office. I can see it anytime I want." One relative told us they were involved in their relative's care planning and said, "My relative has a care plan. The family was involved, and we were asked if we were happy with it."
- We saw that people had access to a range of advocacy services for those who wished for others to support them or to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent. One person told us, "I'm friendly with the staff. I am independent and look after myself. I don't like to ask them."
- We saw that staff always knocked on people's doors and waited for a response before entering the rooms. We observed bedroom and bathroom doors were kept closed during the provision of personal care.

- Staff made sure that people's confidentiality was maintained, and records were kept safe.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and gave detailed life histories, with daily care and support requirements for staff to follow.
- We found that care plans contained risk assessments for all elements of people's care which followed the providers standards. These were currently being reviewed as the service moved onto a new electronic care planning system in the near future. We found these gave risk levels for people but did not always give accurate practical guidance to staff on how to support people in relation to their personal health needs.
- We discussed with the registered manager and provider that we felt their risk assessments were thorough and improved from the previous inspection; but there was no quick and easy way that staff could access all of this information. This was recognised by the provider and registered manager; we were told and saw evidence they were in the process of assembling simplified care plans for people. We were assured these plans would look at impact for people, with smart outcomes and any higher dependency needs identified for people. This would then more accurately inform the staffing dependency ratio's and give real time monitoring for identifying concerns and reacting in a more robust way to incidents.
- Care plans contained a hospital passport to provide information for NHS staff in the event of a person being admitted to hospital. This is important in the ongoing care and support of a person.

End of life care and support

- People had been asked about their funeral arrangements in the event of their death but had not been always been asked if they had any wishes or preferences at the end of their lives. It is important to discuss this with people when they are able, so they can make decisions about where they want to be, and the people and things they want to have around them at this time. This is an area identified as requiring improvement.
- Some people had decided they did not want to be resuscitated if they were to become very unwell. This was clearly recorded in their care plan and staff were all aware.
- Staff had undertaken training in death, dying and bereavement, to give them the skills and confidence to support people and their loved ones at this time.
- The registered manager understood the importance of working closely with appropriate healthcare professionals, so people experienced a comfortable, dignified and pain-free death.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the needs of people in relation to the AIS. The service provided their service user guide in large print or other languages if required by people. The registered manager had sourced a Daisy Disc machine from the Royal National Institute of Blind People, which was used for talking books for those people who required this.
- Picture flashcards were used to support people who had difficulty with communicating, or for people who did not have English as a first language, to enable people to express themselves effectively.
- The 'Weekly Sparkle' in house newsletter was translated into another language for a person living at the service by a volunteer who visited weekly to support this person in their own language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed an activity co-ordinator who worked with other staff to stimulate people using the service. People were able to discuss and inform the activities on offer during meetings with the activities coordinator. People described the activities and the coordinator as "excellent" and "very engaging". Activities were planned locally and themed around people's needs, interests and life histories. One to one sessions were also offered in people's bedrooms if they preferred.
- People went on regular library visits, shopping trips and day excursions. Children visited from the local primary school as part of a community project, which people told us they enjoyed. Photographs of this partnership were displayed on the activities board.
- The service has an initiative called 'The Wishing Tree' where each person is given the opportunity to be treated extra specially by placing a leaf on the tree describing something that is a real treat for them. One person had chosen a dinner and dance, and on the second day of inspection, there was a group of people dressed up waiting to go to this event at a local hotel. When they returned they spoke of how much they had enjoyed their day out. Relatives told us how much people appreciated this personal touch. Another person was taken to a football match at their favourite local team.
- The service had regular chair-based exercise classes provided by an independent professional, who visited to carry out sessions for people to improve their strength and balance. During the inspection, several people were in the lounge participating in this class, which was carried out at their own pace, with the accompaniment of upbeat music. People told us they enjoyed participating in this activity.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and who to speak to if they had any concerns. One person told us, "I have no complaints. If I did I'd go the manager. They would listen." A relative told us, "We had just a couple of complaints. They were attended to straight away."
- We saw that complaints made since the last inspection had been addressed by the registered manager in an appropriate manner. These were documented accurately, and we saw that the outcomes of these had been shared with the staff team during meetings. A complaints procedure was in place and displayed in the service.
- The registered manager said they were available to discuss any concerns that people had, and had an 'open door' policy, we saw that people came to see them during the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same, Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to establish and operate systems to assess, monitor and improve the quality of the services provided and reduce risks to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found although enough improvement had been made so the provider was no longer in breach of regulation 17, additional improvements were required for these to be embedded into practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Discrepancies in staffing levels highlighted at the previous inspection had identified that extra staff were required at certain times, so an extra member of staff had been employed to work across the service at peak times. However, we saw that due to the complex requirements of people using the service, the opening of the top floor of the service since the previous inspection and the deployment and skill mix of the staff within the service, action still needed to be taken to ensure there were sufficiently qualified and competent staff on duty at all times.
- There had been some improvement in quality assurance arrangements, but further improvements were needed for the registered manager and clinical lead to have a full oversight of all areas of the service and for these to be fully embedded into practice. We were assured by the progress made so far in this area.
- At the last inspection, the registered manager had not notified the Care Quality Commission (CQC) of all incidents of suspected abuse or potential harm to people. At this inspection, the CQC had been informed of all relevant incidents at the service. It is important that CQC has a clear overview of all incidents at the service, so they can check that the provider has taken appropriate action.
- The registered manager and provider showed evidence of a more robust auditing process which was in place to identify and address shortfalls in the delivery of the service.
- Residents meetings were known of but satisfaction surveys less so. Whilst people told us they could say what they wished at meetings it was hard for some people to give an example of what had changed or improved as a result. Although one person told us, "We have had meetings. They're alright. You can say what you want. You can alter the meals if you want to."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were generally satisfied with the staff support they received, with the exception of

night staffing. One person told us, "It's well run here, but it could do with more night staff." A relative told us, "I think staff are extremely capable of their work and are caring. I have recommended the home to others."

- Throughout the inspection, we found the registered manager to be candid and open in their approach, both with the inspection team and the staff, people living in the service and visitors. A relative told us, "I think the manager is very good. No matter what your problem is, they will sit and listen. They are very approachable."
- Staff were encouraged and supported to undertake continuous learning. There was evidence of a range of more specialist subject areas that staff had requested training in, which the registered manager had sought.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour and had been open and transparent when issues had arisen.
- The registered manager attended forums and training to stay up to date with new and good practices. Any learning was shared with staff through team meetings and supervisions.
- The service displayed their previous rating in the entrance as they are required to do.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a variety of forums where people were asked for their views about the service. This included service user meetings, questionnaires for relatives and visits by the providers. The registered manager carried out a daily 'walk round' of the service, to ensure that people knew them, and could raise issues directly with them if needed.
- Staff engagement included staff meetings, supervisions and daily communication. Staff said they felt well supported and they worked together well as a staff team. One member of staff said, "It is better now than it has been in the past, and we are happier now as a team." With another member of staff saying that they felt they were offering a good quality service because they "actively listened to people."

Working in partnership with others

- The provider had developed positive links with health and social care professionals and local services and organisations. Two visiting professionals who were present on the day of inspection gave positive feedback regarding the service contacting them in a timely manner, and of working closely with them in supporting people who were under their care.
- On arrival at inspection, two Police Community Support Officers were present at the service talking with people about any concerns they may have in a friendly and open manner. They told us this was a regular occurrence as the service was part of their 'beat area' and they spoke positively about the service.
- We saw that the home worked with a range of different churches to ensure people had access to practising their faith. The activity coordinator spoke of the service's involvement with the local community saying, "The service has built strong local community links with the police, schools, parks, churches and shops."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person was not ensuring the proper and safe management and administration of medicines; not ensuring the effective assessment and management of risks to the health and safety of service users who were receiving care or treatment</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider was not ensuring the deployment of sufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure that they can meet people's care and treatment needs and therefore meet section 2 of the regulatory standards.</p>