

## Brighterkind (Granby Care) Limited

# The Granby

### 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

This inspection took place on 15 and 25 October 2018 and was unannounced. At our last inspection on 26 April 2018 we rated the service as requires improvement, with breaches of regulation in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to safe care and treatment and good governance.

At this inspection we found there had been improvements made to practices within the service and the breach of Regulation 12 was met. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions: Is the service safe? Is the service Well-led? To at least good. During this inspection we found the provider had made improvements to the assessment and monitoring of risk to keep people safe from harm. Both equipment and the environment had been checked to ensure safe practice was followed. Improvement had been made to the monitoring and oversight of the service in order to promote compliance with the regulations and mitigate any known risks.

The Granby is a 'care home' providing nursing and residential care to a maximum of 82 older people and people with a physical disability. At the time of our inspection there were 60 people who used the service.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was a new registered manager in post. A registered manager is a person who has registered with CQC 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.

People received compassionate and caring support, but staff were not reviewing care plans and risk assessments on a regular basis even when people's care needs had altered. The quality of the record keeping varied and some care records we looked at were inconsistent or incomplete. This meant staff did not have an up to date record of people's care and treatment.

We found there was a breach of Regulation 17 in relation to poor record keeping.

You can see what action we told the provider to take at the back of the full version of this report.

Medicines were not always being managed safely, but the registered manager took immediate action to improve the standard of documentation and staff practice.

People told us they felt safe and were well cared for. The provider had safeguarding policies and procedures

in place, which staff were aware of and followed appropriately. The provider followed robust recruitment checks, to employ suitable people. There were sufficient staff employed and on duty to assist people in a timely way.

Staff had completed an induction and attended relevant training to meet people's needs. Staff received supervision and appraisal, but the registered manager was monitoring this to ensure supervisions were carried out regularly by the nurses and heads of departments.

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.

People were able to talk to health care professionals about their care and treatment. People could see a GP when they needed to and they received care and treatment when necessary from external health care professionals such as the district nursing team and speech and language therapists (SALT). Nutritional and hydration needs were met and people said they enjoyed the meals and snacks provided.

People and relatives said staff were caring and they were happy with the care they received. People had access to community facilities and a range of activities provided in the service. People and relatives knew how to make a complaint and were happy with the way any issues they had raised had been dealt with.

People told us that the registered manager was approachable, open and honest. People and staff were asked for their views and their suggestions were used to continuously improve the service.

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

## 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 consistently safe.

Improvements had been made to health and safety and risk management, and the provider was monitoring the environment and equipment effectively.

Medicines were not always being managed safely, but the registered manager took immediate action to improve the standard of documentation and staff practice.

Staffing levels fluctuated and whilst the registered manager tried hard to cover any gaps with agency this was not always possible. This impacted on people who sometimes had to wait for support.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff supervisions were not always carried out regularly, but staff received relevant training to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

People received appropriate healthcare support from specialists and health care professionals where needed. However, hospital passports in accessible formats were not available for people to share with health professionals.

We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

The people who used the service had a good relationship with staff who showed patience and gave encouragement when supporting individuals with their daily routines.

We saw that people's privacy and dignity was respected by staff.

**Good** ●

People who used the service were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day-to-day needs.

### **Is the service responsive?**

The service was not consistently responsive.

Staff were patient and kind when delivering care, but care and treatment was not consistently documented.

People had access to a range of activities and enjoyed those on offer.

There was an effective complaints policy and procedure in place and people felt their concerns were listened to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

Although action was taken by the registered manager during our inspection, their oversight of the service had not mitigated the shortfalls in record keeping beforehand.

There was a clear leadership structure with identified management roles.

The registered manager had submitted notifications to CQC in a timely way.

People, relatives and staff members were asked to comment on the quality of care and support. The provider acted on their feedback to make improvements to the service.

**Requires Improvement** ●

# The Granby

## Detailed findings

### Background to this inspection

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

This inspection took place on 15 and 25 October 2018 and was unannounced on day one. The inspection team on the first day consisted of an inspector, a specialist nurse and two experts-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. The experts-by-experience had knowledge of older people. The inspection team on the second day consisted of one inspector.

Prior to our inspection we looked at the information we held about the service, which included notifications sent to us since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council (NYCC) safeguarding and commissioning teams for their views of the service. We asked the provider to send us a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the information we held to help plan the inspection.

At this inspection we spoke with the regional support manager, registered manager and ten staff. We spoke with eight people who used the service and seven visitors over the two days of inspection. Everyone who used the service had the capacity to speak with us if they wished to do so.

We looked at four people's care records, including their initial assessments, care plans and risk assessments. We checked all of the medication administration records (MARs) for people who used the service and looked at a selection of documentation relating to the management and running of the service. This included quality assurance information, audits, recruitment information for four members of staff, staff training records, policies and procedures, complaints and staff rotas.

We gave feedback to the regional support manager and registered manager during and at the end of the

inspection.

# Is the service safe?

## Our findings

At the last inspection we found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to risk management around the environment and equipment. The provider gave us an action plan detailing how they would meet the breach of regulation.

At this inspection we found the breach of Regulation 12 in respect of risk management had been met. Improvements had been made to the oversight and monitoring of risk within the service. Action had been taken by the provider to ensure equipment and the environment were safe and staff practices promoted people's wellbeing.

The monitoring and reviewing of equipment safety had improved. Service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. The fire risk assessment for the service was up to date and fire safety training for staff was completed. Personal emergency evacuation plans (PEEPs) for people who used the service were in place and a summary of these was available for emergency situations. A PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency.

Since our last inspection in April 2018 robust measures had been introduced to ensure all wheelchairs were checked and inspected every month to ensure they were in good working order and safe for people to use. All new windows had been fitted in people's bedrooms including window restrictors. These were checked to ensure they were in good working order every month. We walked around the third floor of the service, with the maintenance person, and found improvements had been made to health and safety practices in this area. Doors were locked to ensure people did not have access to store rooms and archived paperwork and people no longer had access to the roof void. The registered manager met with the maintenance team weekly for a meeting to discuss issues in the service and make sure checks were being completed.

Improvements had been made to the monitoring and oversight of risk within the service. Staff completed risk assessments for each person, which were person-centred and provided guidance to staff on steps they should take to minimise risks whilst promoting people's independence. People were encouraged to manage their own positive risk taking wherever possible to ensure they were in control of their lives. Information about risk was shared in staff handovers, meetings and during supervision.

We found that accidents and incidents were recorded by staff and responded to appropriately to ensure outcomes could be achieved and lessons learned. The registered manager had oversight of these and sent a report to the provider who monitored these. People told us they felt safe in the service and said, "Perfectly safe here, no falls – I am very wary of falling" and "The whole place makes me feel safe - the front door is locked and I am very well looked after. My belongings are safe. I have medication at night time. The domestic staff clean and Hoover every day and wash the carpets monthly and you can't get cleaner than that. With sickness they bring in agency so there are no shortages. Of course I go to bed and get up and go out when I want to."



The provider had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met.

The majority of medicines were stored and administered safely, but some aspects of medicine management could have been improved. At the start of this inspection we found the use of 'topical medicines' were not always well documented and administration times were not always recorded. For example, one person was prescribed a barrier cream but this had not been signed for when applied by the staff. We found another person was prescribed two different doses of a medicine for their medical condition – one dose for the morning and a different dose for the evening. This was all in one prescription box and should have been in two separate boxes. This had not been challenged by the nurses and had been dispensed for the past few days.

A third person had a 10mcg and a 5mcg weekly pain relief patch prescribed, but there was no day identified on the MARs when they were to be changed. Further discussion with the nurse confirmed the person was only due to have 10mcg (not 15mcg) but the pharmacist had not altered the prescription and the nurses had not checked and cancelled the extra patch. Therefore, there was a risk this person could have received an overdose.

These issues had not been picked up in the medicine audits. We gave the registered manager feedback about these concerns at the end of day one. The actual impact on people was low, but there was a potential for errors to occur.

When we returned for day two of inspection the registered manager had spoken with staff and ensured creams in use were being recorded appropriately for each person. The MARs had been checked and updated to reduce the risk of errors. By the end of day two we found all the medicine issues raised with the registered manager had been addressed.

We received feedback from three people and staff that there were not always sufficient staff on duty. We discussed this with the registered manager who told us, "There were some issues over the weekend. We usually have agency staff to cover gaps in the shifts but problems arose from last minute changes where our own staff did not turn in for work."

The staffing levels on day one of inspection were two nurses and the clinical lead all day, plus six care staff in the morning and five in the afternoon. At night there was a nurse, a senior care assistant and six care staff. This was sufficient to ensure that during our inspection people's care needs were met in a timely way. We checked four weeks of the staff roster which indicated that gaps in staffing were usually identified and covered by agency. Staff confirmed the registered manager did usually try to do this.

The registered manager sent a monthly return to the provider, which included staffing levels and people's dependency needs on it. The registered manager tried to use the same agency staff for continuity of care and carried out safety checks to ensure agency staff were fit to work with vulnerable adults. We observed people were settled and relaxed in the service. Any calls for attention throughout the day were dealt with quickly and people received a good standard of care. We observed staff and people chatting to each other and there were good interactions between everyone we saw.

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if

they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service. These included application forms, interviews, references and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Monthly checks of nursing registrations were carried out to ensure the nurses remained on the Nursing and Midwifery Council (NMC) register and were deemed fit to practice.

The service was well-maintained, clean and tidy throughout. Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading. People and relatives told us, "The service is always clean" and "Housekeeping staff keep this place spotless."

## Is the service effective?

### Our findings

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Whilst we saw evidence of some supervisions taking place staff told us that they did not receive regular formal supervision, but did have daily support from the nurses and senior care staff. The registered manager acknowledged that this aspect of practice needed some development and gave us evidence of how this would be achieved. We were told that going forward the nurses would provide six to eight weekly supervision with the care staff and ensure it was recorded. Other heads of departments would be responsible for their staff team supervisions.

A comprehensive induction and training programme was in place for new staff and there was continuing training and development for established staff. Some people had different medical conditions and staff had received specialist training to meet their needs. Nurses received appropriate training, development and support to fulfil the criteria needed to revalidate their professional registration. People told us they felt safe when receiving care from staff. They said, "Staff know what they are doing. They know how to transfer people properly" and "Yes [Staff] are trained they seem to be training most of the time." Checks on the identity of agency workers were carried out by the registered manager prior to them starting work. All agency staff completed an induction before starting work in the service and a record of this was kept by the registered manager.

We discussed with the registered manager the need to ensure that care staff received training on application of topical medicines such as creams and lotions. For example, during the inspection we spoke with care staff and asked them if they had been taught how to apply creams to people and they told us, "No." However, when we asked them what they would do they were able to give us a good report that was safe and appropriate. They explained the different techniques for different types of creams and understood infection control measures when handling creams. They told us they observed the nurses putting on creams and therefore felt their practice was safe.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that training was provided for staff on the MCA. Staff we spoke with showed they understood the importance of consent and we saw that capacity issues were explored when planning people's packages of care and support. People who used the service were asked to sign their care records to document that they consented to the care and support provided. People confirmed to us that staff asked them first before carrying out care tasks and they were able to make choices in their daily lives.

Evidence in the care files showed that people had good access to healthcare professionals such as the dentist, optician, and some people had regular input from the district nurses. We saw that input from these specialists was recorded on the multi-disciplinary visit records. People were clear about how they could get access to their GP and said that staff would arrange this for them. One person told us, "The doctor comes every week and in between if needed." A visitor commented, "Communication between doctors and here works well. My relative had a urine infection and staff got a prescription that day. My relative always says 'the

girls are good here'."

We found there were no hospital passports in the care files we looked at. Discussion with the registered manager indicated they were not familiar with these documents, but they said they would look into these and ensure they were in place as soon as possible. Hospital passports contain personal information about people's specific care and support needs. These documents should be made available in an accessible format so people can take them to appointments and share with health care professionals.

People's nutritional needs were met and choice was provided. People had access to picture menus and on admission a 'food passport' with their dietary needs and likes/dislikes was completed. This information was shared with the chef and kitchen staff. Staff offered people appropriate support with eating and drinking. People were offered different options of meals until they found one they liked. We observed some people ate pureed food which was laid out on plates in separate portions (not all mixed together). Staff engaged with people, allowing plenty of time for them to eat at their own pace and encouraged them to eat. Water and fresh fruit juice was offered with their meal. Food looked and smelt appetizing, and portion sizes were good. People told us, "So far the food's been good. Can choose what you want and can always ask for a snack" and "Food is pretty good, plenty of choices and good portion sizes. Staff are very obliging and will make you an omelette if you don't want a large meal."

The environment was clean, tidy and maintained to a high quality standard. People's bedrooms were large and well decorated; there were items of personal furniture and belongings on display. We observed that people who stayed in bed had appropriate pressure relieving mattresses in place. Technology was available to assist staff in the effective support of people with physical needs and those whose mobility required monitoring, so that they maintained independence while ensuring their best interests. For example, where people were assessed as at risk of falls they had sensor mats to alert staff when people moved around, so appropriate support could be given. All equipment was in good working order and ensured the care being provided was safe and effective.

## Is the service caring?

### Our findings

People gave us feedback that care was sometimes rushed as staff were busy. At 11.30am we spoke with one person who said they wanted to get up and dressed. We saw they were out of bed for lunch and remained so at 3pm. Another person said they waited 15 to 40 minutes for support, but during our inspection we saw staff responded quickly when call bells were used.

Our observations of staff were that they were kind and caring with people and interactions were friendly and appropriate at all times. The information we gathered indicated that care delivery was dependent on the staffing levels and waiting for support related to the specific time of day when more people required assistance at the same time. The registered manager said they did their best to ensure care and support was delivered consistently, but there were the odd occasions when people did have to wait such as around breakfast time and early evening.

Staff were able to answer our questions about people's care and support needs and knew individuals well. People looked well dressed and cared for. Their bedrooms were clean, tidy and personalised and all had space within which staff could deliver care. One person told us, "Staff are very supportive, very good. They understand me." Staff demonstrated the right skills to get to know people well and had time to spend with people throughout the day. The care provided was person-centred and focused on providing each person with practical support and motivational prompts to help them maintain their independence. The majority of people had their own routines that they liked to stick to.

We asked people and relatives if they thought the staff treated them with privacy and dignity and were they respectful and polite. They told us, "Staff seem very kind and caring. Always most respectful, visitors always made welcome. I have a regular visitor, staff always bring them a tray of tea", "Staff – they couldn't be better" and "Generally the staff are kind. They don't knock on the door except occasionally, but it does not bother me, I have got used to it. They are good at dignity, keeping me covered. I prefer female staff (for personal care) but some of the male staff are okay too."

The provider had a policy and procedure for promoting equality and diversity within the service. Staff had received training on this subject and understood how it related to their working role. Staff treated people on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files. Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. People told us, "Staff involve me in decisions about my care" and "We are completely independent, make all our own decisions. Staff all know us, listen to us and are very respectful."

We observed that where possible people could make their own decisions and choices for themselves. Some people preferred to stay in their rooms for long periods of time, but this was their choice and staff respected this. Some people didn't want to join in with activities preferring to watch television or read in their

bedrooms. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. An advocate is an independent person who supports someone so that their views are heard and their rights are upheld.

## Is the service responsive?

### Our findings

The quality of documentation within the care files was not to a consistently high standard. On the first day of inspection we found evidence that known risks to people's wellbeing were not documented in their care files and care plans to reduce risks were not in place. Our observations of care in the service and discussions with people and relatives indicated that appropriate care and support was being given, which indicated the problem was one of poor record keeping and not poor care.

For example, when a person is on a PEG (Percutaneous endoscopic gastrostomy) where a tube is passed through their abdominal wall to give a person nutritional feeds via their stomach, there is a known risk of aspiration pneumonia - a type of lung infection that is due to a relatively large amount of material from the stomach or mouth entering the lungs. However, we found the nurses had failed to recognise this risk for one person who was known to have recurrent chest infections and had a PEG fitted. We discussed this with the registered manager and found on day two of inspection that a care plan and risk assessment for breathing and positioning had been written and put into their care file.

There were a number of challenges in respect of record keeping and care planning. Care plans, whilst updated did not always show how effective care delivery had been and what appropriate actions needed to be taken. Weight management for 'at risk' individuals was not consistent and there were differences between what was being delivered and what was written.

We looked at evidence in people's care files of treatment of wounds and infection. The care plans and wound care records we looked at lacked evaluations of the care and treatment being given so we were unable to determine if this was effective. For one person there were records for staff to follow of how to clean and dress the wound and evidence of nurses doing this. There were no written evaluations to say the treatment was effective and evidence was seen that staff were changing the treatment but not recording why. We discussed our concerns with the registered manager and following the first day of inspection the staff contacted the Tissue Viability Nurse for a review of the dressings being used. We noted that staff had taken photographs of the wounds for one person. We asked the registered manager to ensure that staff protected the dignity of people when taking pictures and only included the wound site and not other areas of their anatomy uncovered during the process.

One care file we looked at was for a person who was known to be at risk of poor nutrition and oral intake of fluids. Their weight records showed that staff had reacted to a recent weight loss by weighing them weekly, but their care plan still recorded their weight as being monitored monthly. This indicated that where people's care needs changed the staff were not updating the records appropriately.

Another care file we looked at showed this person had a fall in October 2018, but their risk assessment was last updated five days before the most recent fall and their mobility care plan was last reviewed in August 2018. This showed that staff were not evaluating people's care and treatment following an incident or on a monthly basis.

We found that care files lacked information and details about people's choices and wishes about their care and treatment at end of life. The registered manager told us that work was on-going to discuss this during the care reviews for people.

The above evidence showed that there is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care files did not follow best practice for diabetes or oral health care. Where relevant we saw that staff had documented if people had poor oral health or had diabetes. However, in the files we looked at there was no evidence of oral health care plans/risk assessments and no foot care plans/diabetic risk assessments. These are good practice to prevent people developing problems associated with their teeth and gums, and for individuals with diabetes who are at an increased risk of circulatory/sensitivity problems to their feet.

Although we had concerns about the documentation within the care files we observed people received appropriate care and support during our inspection. Relatives and people were not sure about their input to care reviews and care plans, but were satisfied with their support. One person told us, "Care Plan – I don't know anything about that. The environment suits my needs, plenty of magazines and my own bookcase full of my books." Two relatives said, "I've had no involvement in care plans. The environment is okay but I would like to see my spouse get out of this room and join in things" and "I don't know about reviews, just know if my spouse has to be in care, this is the best place for them." The registered manager said they would speak with staff about increasing the involvement of families and people in the development and review of care records.

The provider was aware of, and was developing documents that complied with, the Accessible Information Standard (AIS), which sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with disabilities, impairment or sensory losses.

Staff had the skills to support people particularly in relation to their diverse needs on the grounds of protected equality characteristics, and had knowledge about, for example, people's religious rituals. There was an in-house church service every month that people could attend and individual arrangements to follow their faith could be made on request. Staff made sure people's dignity and comfort were maintained by ensuring they had appropriate equipment, nourishment, medication and personal care to keep them free from pain and discomfort. One person who we met said they were very comfortable in their bed and we noted that staff attended to their needs on a regular basis.

The provider employed three activity people to organise and carry out social activities and events within the service. People enjoyed a wide range of activities, but some individuals felt there could be more one-to-one activities for those who preferred to stay in their rooms or who did not like group settings. One-to-one sessions took place on a regular basis, but with the number of people involved this did not mean they received input daily or weekly. For example, one person who enjoyed their chats with the activity person only had these once a month, which was not enough for them. We found the service made use of modern technology as the building had WiFi throughout which enabled people to use the internet or access systems such as skype, Instagram and apps on their telephones. One person said, "They have a programme of events; I've been to the cinema and joined in some of the exercise classes. Mostly, I read my own books."

People knew how to complain and who to approach. They said that they would feel comfortable to make a complaint if they needed to. We observed in the reception that there was a complaints procedure on the



wall and information was provided to help people understand the care and support available to them. Checks of the complaints file showed complaints were responded to and duty of candour was met.

## Is the service well-led?

### Our findings

At the last inspection we found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to a lack of governance and oversight in the service, a failure to monitor and mitigate risk to people's health and safety and a failure to ensure care records were securely stored in the service. The provider gave us an action plan detailing how they would meet the breach of regulation.

At this inspection we found improvements had been made to the monitoring and oversight of risk within the service. Since our last inspection in April 2018 action had been taken by the provider to employ a clinical lead nurse and a team leader on the residential side to assist the registered manager with this task. We saw that confidential archived care files on the third floor of the service were now stored securely behind a locked door. However, our findings of poor quality recording and documentation of care and treatment meant there was a breach of Regulation 17 in regard to record keeping.

The registered manager had come into post and registered with CQC since our last inspection in April 2018. People told us they found the manager to be, "Very approachable and very nice." One relative said, "[Name of registered manager], I know them yes. The best things here are the surroundings, the food is good and people are well fed and cared for. It is always clean and there are no smells. The service has improved recently and the staff seem happier and more motivated - a massive change."

The provider employed a regional support manager who carried out a monthly visit to the service and produced a report for the provider. During the visit the regional support manager looked at 'snapshots' of the service such as the dining experience, medicine management and care plans. A copy of their report was sent to the registered manager and also put onto the provider's IT system so their head office could see the outcomes and monitor compliance with the regulations. At each visit the previous report was reviewed to see what actions had been completed and what was 'rolled over' to the next visit. The registered manager was working with the regional support manager to make changes to the service to improve the quality of care provided. Most of the issues we raised during our inspection had been identified through the provider's audit process and work was on-going to improve things, but these changes had not had time to be embedded in practice.

During our inspection we spoke with the registered manager about the quality of the documentation and records within the service. In this report we have mentioned that records we looked at were inconsistent and incomplete at times. Although we observed staff gave empathetic care, on-going assessment, review and updating documents needed to become a proactive process to take account of and respond to people's changing needs in a timely way. Following our discussion with the registered manager, on both day one and two of inspection, they took swift action to make improvements to the documentation and spoke with staff about what was needed to change practices.

People and relatives told us they were involved in the running of the service and attended meetings and completed surveys as part of this. They told us, "I have been to one or two residents meetings" and "I took

part in a survey once." One person said, "I met with the Chef once, had a meeting to talk about meals. The menus changed for the better after that." We saw that the provider had analysed the 2018 survey results and taken action on the feedback given to them. Changes made included improved quality of meals, the introduction of a laundry button system for all people using the service to track clothes and more external groups including schools coming into the service.

We asked people to comment on what they liked most about the service and if anything could be better. They said, "Everything looks superb", "Staff are all very good and understanding" and "The staff here are excellent." A number of people also said they would like to see improvements in the levels of staff on duty, more raised chairs in the lounge and more involvement in activities. These comments were fed back to the registered manager during the inspection.

Staff were not asked to do tasks they were not confident about completing. The staff training plan showed that care staff completed essential training and then could go on to undertake more specialist training and vocational training courses such as diplomas in health and social care to further develop their knowledge. The registered nurses were supported to maintain their registration through training and personal development. This demonstrated that people were looked after by well trained and knowledgeable staff, who were confident and capable of meeting their needs.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to maintain an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care and treatment provided.</p> <p>Regulation 17 (1) (2) (c)</p>