

Alban Quality Care Limited

Alban House Residential 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alban House is a 'care home'. The home is registered to accommodate up to 23 people in one adapted building. At the time of this inspection there were 23 people living there. The home cared for older people, including people with dementia, learning disabilities and other mental health needs. The home also cared for younger adults with physical disabilities, including neurological conditions such as Multiple Sclerosis.

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.

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

People told us they felt safe. However, risks from the environment had not always been assessed, and actions had not always been taken to minimise the risks. We found risks associated with people smoking on the premises, scalding from hot water, Legionella, and falls from windows that had not been identified or addressed. Fire precautions had not always been checked at the required frequencies. Other risks such as risks to people's individual health and safety had been assessed and staff knew the actions needed to support people to stay safe.

Staff were recruited following safe recruitment checks and procedures. Staff were well trained and supported. There were mixed views on the staffing levels, with some people and staff expressing concerns about low staffing, while others felt there were generally sufficient staff to meet people's needs. During the inspection we saw there were sufficient staff to meet people's personal care needs, but staff did not have time to meet people's social needs adequately. There were very few activities provided and people told us they would like to go out more often. The registered manager told us they will review staff rotas and people's dependency levels and consider any changes necessary.

Tablets and liquid medicines were safely stored and recorded when administered. However, some creams and lotions were not always recorded to have been administered.

The home was generally clean. The number of cleaning staff had been increased since the last inspection. However, some areas of the home appeared tired and in need of updating. A torn table top in the dining room appeared shabby and potentially posed an infection risk. Some floorings were worn.

People's needs were assessed before they moved in and a care plan drawn up and agreed with them. Staff had sufficient information about each person to understand the care they needed, their likes and dislikes and preferred daily routines. People were supported by staff who knew them well and were caring and kind. Staff understood and respected people's legal rights to make decisions about their daily lives. Where people

were restricted to protect them from harm, legal authorisation had been sought appropriately.

A new registered manager had been appointed since the last inspection. They were well liked and respected by staff, people living in the home, relatives and professionals. They had made changes and improvements since the last inspection including medicine audits. However, one person had been upset by the provider the previous day and told us the provider had "screamed" at them. This had been observed by staff. At the last inspection we found the provider had not always acted as a good role model for the staff, and this incident meant the breach we found at the last inspection is repeated once again.

Rating at last inspection (and update) The last rating for this service was Requires Improvement (published 29 August 2018). The service remains rated as requires improvement. The service has been rated as requires improvement for the last three consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. This plan stated that the provider, who was also the registered manager at the time, was stepping down as registered manager. A new manager was appointed who has since been registered with the Care Quality Commission.

Enforcement

At this inspection insufficient improvements had been made and the provider was still in breach of regulations. We also found further breaches of regulations and areas where improvements have been recommended.

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.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for 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.

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

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Alban House Residential 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

The inspection was carried out by one inspector on the first day of the inspection, and one inspector and an assistant inspector on the second day of the inspection.

Service and service type

Alban House 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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at the information we received from, and about the service since the last inspection. This includes notifications the provider sent us about significant events such as serious accidents, and deaths. The provider was asked to complete a Provider Information Return before the inspection. We used the information the provider sent us in the provider information return. This is

information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We met all of the people who lived there and spoke with eight people in depth. We also spoke with three relatives who were visiting the home. We spoke with the registered manager, three members of staff and two professionals who were visiting the home. We also spoke with the provider.

We did not use 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. However, we sat and observed staff and people at various times during our inspection including mealtimes, mid-morning and mid-afternoon.

We reviewed a range of records. This included four people's care records and medication administration records. We looked at four 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. We asked the registered manager to send us further information after the inspection including training records and quality monitoring records.

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 Good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management

- Not all risks in relation to the environment had been assessed. For example, where people living in the home had been allowed to smoke on the premises, no individual risk assessments were in place. No actions had been taken to reduce the risk of passive smoking or ensure the risk of fire was minimised. After the inspection the registered manager told us they were in the process of drawing up individual risk assessments for those people who were allowed to smoke in their bedrooms.
- Although some improvements had been made to the fire precaution systems in the last year, some aspects of fire prevention were not entirely safe. New fire safety equipment had been installed since the last inspection. However, some checks on fire safety equipment had not been carried out at the recommended frequency. The tests were usually carried out by maintenance person, but when this person was absent for two weeks there were no arrangements in place for another member of staff to carry out the tests. After the inspection the provider told us arrangements were normally in place to check the fire safety systems when the maintenance person was absent, but there had been an oversight on this occasion. They have assured us the checks will be carried out regularly in future.
- Systems to protect people from the risk of scalding from hot water were not fully effective. All hot taps to baths were thermostatically controlled. However, some hot water taps to basins did not have thermostatic valves fitted to control the water temperature. Water from these taps was very hot. Checks were not carried out on the temperature of the hot water to determine the potential risk of scalding. After the inspection the provider told us they had engaged a suitably qualified person to review their hot water systems. They planned to take a range of measures to reduce or eliminate the risk of scalding from hot water taps following the review.
- Risks relating to Legionella bacteria had not been fully assessed and there was insufficient evidence that actions had been taken to eliminate the risks. The maintenance person told us they had carried out some tasks such as washing shower heads but not these were not recorded. After the inspection the provider told us they had engaged a suitably qualified person to review their water systems. They planned to take a range of measures to reduce or eliminate the risk of Legionella
- Most radiators had been covered to reduce the risk of scalding if people had prolonged contact with the hot surface. However, the top of two radiators had not been covered. This could present a risk of burns if a person placed their hand on the top of the radiator, for example to steady themselves when moving around. People with sensory impairment, reduced mobility or long-term health conditions may be at increased risk of burns from uncovered radiators.
- We also found some evidence of poor practices which may affect people's safety. For example, some cleaning products were stored in an unlocked cupboard.
- Two windows on the upper storeys of the house had not been fitted with window restrictors to prevent the

risk of falls from the windows.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We spoke with the registered manager and maintenance person and window restrictors were fitted promptly during our inspection. After the inspection they told us they had employed a suitably qualified person to review their hot water systems for risks relating to Legionella and to the risk of scalding.
- Individual risks to each person's health and safety had been assessed and actions taken where risks had been identified. For example, where people had been identified as being at risk of weight loss they were weighed regularly, and their weight was monitored. Actions were taken to encourage people to eat sufficient calories to maintain a healthy weight. Where people were at risk of choking the staff had sought input and guidance from the Speech and Language Therapy team (SALT). Assessments were carried out to identify the risk of pressure ulcers and actions were taken where risks were identified.
- Where equipment was needed to help people move around assessments were in place and staff knew how to use the equipment safely.

Staffing and recruitment

- Recruitment processes were safe and ensured people were protected from the risk of unsuitable staff being employed. However, gaps in applicant's employment history had not been identified or explored. We recommend the provider seeks guidance from a reputable source on safe recruitment practice and checking applicant's employment history.
- Some people and staff said they thought the home was short staffed, while others assured us there were enough staff to meet people's needs safely. Staff rotas showed that most days there were six staff on duty each morning plus cleaning, catering and maintenance staff. The registered manager and provider regularly provided 'hands-on' care to cover vacant staff shifts. During our inspection we observed staff attending to people in a timely way when they required assistance and staff were not rushed. However, there were no regular planned activities offered to people.
- Staff told us they did not have time to provide activities, or to sit and chat with people. Staff also told us there had been problems recently due to staff sickness and absences, and when this occurred they often felt rushed. They also told us that some evenings could be difficult when there were only two staff on duty. We recommend the provider seeks guidance on ways of determining people's dependency levels and ensuring there are sufficient staff on duty at all times.
- Two professionals who were visiting the home at the time of our visit said there were always sufficient staff on duty whenever they visited the home.
- There was a core group of staff who had worked in the home for many years. However, there had been some recent resignations and staff sickness which had caused some disruption and shortages. New staff were in the process of being recruited and vacant shifts were usually covered within the existing staff team where possible. People and their relative's comments included, "On the whole there are enough staff. They are very good" and "Generally speaking it's Ok. Sometimes there are not enough staff. Sometimes visitors are sat in the lounge for quite a long time and never see a member of staff".

Using medicines safely

- Creams and lotions such as steroids and antibiotic creams were recorded when applied. However, emollient creams and lotions were not recorded when administered. Body maps were not used to help staff recognise the areas where skin damage had occurred and where creams should be applied. We were assured that staff applied creams regularly as required, however the records did not provide evidence to

support this. The registered manager told us they were aware of this issue and they were working with the staff team to improve their recording of creams and lotions. After the inspection the registered manager told us, "We are starting to incorporate body maps with MAR sheets to ensure that all creams are recorded daily and to make it clear where these are to be administered".

- There were no people suffering with pressure ulcers or skin damage at the time of our inspection.
- Tablets and liquid medicines were managed, stored and administered safely and staff were appropriately trained to support people with their medicines.
- People told us they were confident their medicines were managed safely, and they had never experienced any problems. A person told us, "I don't think they have made a mistake. If they do they will put it right".
- A medication error had occurred a few days before this inspection. The mistake had been identified promptly and staff had followed safe procedures by contacting the person's GP for advice. The registered manager spoke with the member of staff to understand what went wrong, and they observed the member of staff administering medicines until they were satisfied the member of staff was following safe practice.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on safeguarding at the start of their employment and then at regular intervals. Staff were confident they could identify any possible signs of abuse and report these to the registered manager. One member of staff told us they had received safeguarding training. However, they were unaware of local reporting arrangements. We spoke with the registered manager who said the information was available in their policies and procedures. They said they will display information about identifying and reporting safeguarding concerns around the home to ensure all staff and people living in the home have easy access to this information in future.
- Most people told us they felt safe living at Alban House. A relative told us, "Yes, he is safe here". However, one person told us they had been upset by the provider the previous day. They told us the provider had "screamed" at them (see also Caring and Well-led).

Preventing and controlling infection

- During our inspection the home appeared clean. However, some areas appeared worn and in need of attention. For example, the surface of a dining room table was badly damaged and could not be cleaned easily. Some floorings were worn and where repairs had been carried out, there was a risk that the flooring could not be kept fully clean. On the second day of our inspection we noted some odours. These were addressed promptly when we brought the matter to the attention of the registered manager. However, the worn flooring in one bedroom may reduce the effectiveness of the cleaning and odour prevention.
- The number of cleaning staff employed had been increased since the last inspection. Cleaning staff had received some training and induction at the start of their employment. However, a member of the cleaning staff told us most of their induction had been carried out by shadowing other cleaning staff. They could not recall having any specific training on infection control. We spoke with the registered manager who told us new cleaning staff were given a range of policies and procedures at the start of their employment, including the infection control policy. However, they did not receive any further training on topics such as infection control.

We recommend the provider seeks guidance from a reputable source on suitable training for cleaning staff.

- Appropriate cleaning and personal protective equipment was available throughout the service to manage infection control risks.
- The laundry room was small, but well equipped, clean and tidy. There were good systems in place to ensure personal laundry was returned to the correct person.
- Kitchen hygiene had been rated as Good by the Environmental Health Department on 9 October 2018.

Learning lessons when things go wrong

- There was an open culture and staff were encouraged to speak up if they made mistakes. All incidents and accidents were investigated, and actions taken to reduce the risk of recurrence.

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 deteriorated to Requires Improvement.

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

Adapting service, design, decoration to meet people's needs

- Some areas of the home appeared tired and dated, although there had been a programme of redecoration and improvements in some areas. There was a lack of storage facilities in some parts of the home. One person's bedroom was being used to store equipment such as laundry bins. The equipment did not belong to the person and the registered manager was unable to explain why the equipment was stored there.
- The layout and decoration of the home meant there was a possibility people with dementia may have difficulties finding their way around. There was a mixture of different floorings which may cause difficulties for people with dementia or visual impairment. There was little evidence of signage or decor, to help people find their way around.

At the last inspection we recommended the provider seeks guidance and information from a reputable source on designing accommodation to help people with dementia find their way around the home safely. However, action had not been taken to improve the signage.

- The home is on four floors with a shaft lift providing access to all floors. There were various places for people to sit, including two conservatories, a lounge and the dining room. The gardens also provided safe areas where people could sit.

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 home. A plan of their care needs was drawn up and agreed with them. People had signed consent forms to agree the content of their care plans and to consent to the information being shared with staff and professionals who needed to see the documents.
- People told us they were confident the staff understood their care needs and provided the right support. A person told us, "They are all very good here. The staff are wonderful".
- The registered manager told us they were considering introducing an electronic care planning system in future. They hoped this would support staff to provide effective recording systems and enable staff easy access to care planning records.

Staff support: induction, training, skills and experience

- New staff received induction training at the start of their employment to ensure they had the basic skills and knowledge to meet people's needs effectively. Staff received regular training and updates on topics the provider had identified as essential.
- Staff told us they had received good training. A member of staff said, "There is definitely enough training - its good training. We can ask for further training in any area if wanted or needed".

- Staff were encouraged and supported to gain a relevant qualification. Out of the 20 staff employed, 16 held qualifications that were relevant to their jobs.
- Staff told us they were well supported. Supervision was provided on a three-monthly basis. Staff also received an annual appraisal. Staff meetings were held regularly, and staff were able to raise queries and make suggestions in these meetings.

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

- People received a good choice of foods to suit their individual dietary needs and preferences. The menus showed only one main meal offered at lunch times. However, staff told us the chef and cooks went around to each person each day to ask them what they wanted for lunch. They regularly cooked many different meals each day to meet people's individual requests. For example, the day before the inspection we were told the chef had cooked five different main meal choices. Staff told us, "People can have whatever they want". The chef said, "I get to know what they like and dislike. I try to give them what they want". They told us they regularly went out and bought any special foods people might like. For example, they purchased and cooked laver (a local seaweed) for one person who enjoyed this.
- People were supported and encouraged to eat and drink sufficient amounts to maintain good health. Staff sat with people and gave individual attention to people who were unable to eat without assistance. People were supported to eat independently where possible, for example through the use of adapted crockery and cutlery. Staff were observant and noted when people were not eating their meal and offered encouragement to eat. People were offered a range of appetising homemade puddings and cakes to help them maintain a healthy weight.
- People told us they always enjoyed the meals. Comments included, "The food is quite good - better than hospital food. There is a good choice", and "The food is very nice - no complaints whatsoever". A relative told us, "They always seem to have a very good lunch".

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

- The staff team were pro-active in seeking support and input from other agencies when needed. The staff welcomed advice and instructions were always followed.
- A health professional who was visiting the home at the time of our inspection told us, "Staff are always pleasant and welcoming. Staff are friendly. There are no hidden agendas. Staff are always happy to seek my advice. Staff know people well".

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.

- The provider told us in their PIR they had posters around the home giving information on the Mental

Capacity Act. They discussed at handovers and in meetings the importance of empowering individuals to make their own decision. All decisions were made in the least restrictive way.

- Care plan files contained evidence to show people's ability to make informed decisions about their daily lives had been assessed. Copies of legal documents such as DoLS were held on file.
- Staff had received training on the MCA and understood people's rights to make choices and decisions. Staff understood the procedures to be followed where people were unable to make important decisions and ensured any decisions made were reached through a Best Interests process.

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

- Most people told us they were always treated with kindness and caring by the staff. However, one person told us they had been upset by the provider the previous day. They told us the provider had "screamed" at them. We spoke with the provider who told us they had previously told the person not to do something, and they were annoyed when they found the person had failed to abide by this. The provider told us they had spoken with the person after the incident and they felt the matter had been addressed.
- During the inspection we saw and heard many examples of staff treating people with care and kindness. The chef spent time with each person every day, chatting to them, finding out what they wanted to eat. They told us about special foods they purchased and cooked for people and said, "Just to see the smile on their face it makes me happy".
- People told us the staff were always kind. A person said, "They are always kind. Yes, very. You are not frightened to ask for anything. Anything you want they will get it for you".
- A member of staff told us they chose to start work at 7am. This was a time of the day when people were just beginning to get up and they could give people extra time to support them in the way they wanted. They liked to sit and chat with people and give them support in an unrushed manner.
- We heard how staff often visited the home in their own time to support people. For example, on the first day of the inspection a member of staff returned to the home after their shift had finished. They brought their puppy to show people. They sat with people, chatting about the puppy and people were able to hold the puppy and stroke it.
- Staff had received training on human rights, equality and diversity and understood the importance of treating every person with respect. This was also discussed in staff meetings.
- There were regular visits to the home from a representative of a local church to offer communion to people who wanted to participate. However, one person said they used to attend a local evangelical church and would like to regain links with the church. We spoke with the registered manager and they said they would make enquiries to see if this could be arranged.

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

- People were involved as far as they wished and were able in the care planning process. Staff gathered information about each person's past lives, family, interests and occupations. This helped staff get to know the person.
- People's views were sought on the service through resident's meetings and through care plan reviews. For

example, people were consulted in resident's meetings about the menus and food provided. Their comments and suggestions were listened to and acted upon.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we observed staff offering discrete support to people. Staff were observant, and when they noticed a person may need assistance they went up to the person and quietly and discretely offered support.
- People were encouraged to do as much for themselves as possible, for example, getting up, dressing and bathing.

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 Good. At this inspection this key question has deteriorated to Requires Improvement.

Requires improvement: This meant people's needs were not always met.

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

- Care plans contained sufficient information about all areas of each person's needs to ensure staff understood how the person wanted to be assisted. Care plans had recently been reviewed, updated and improved by adding further information about the person's social, personal care and health needs. Care plans explained people's likes and dislikes, for example, one care plan said the person, "Prefers to drink water from her cup with a straw".
- Some people said they were unaware of their care plans. We spoke with the registered manager to find out how people were involved in the care planning process. They said they tried to involve people in their care planning and reviews, but most people said they did not want to read their care plans. However, staff talked to people about their care plans and checked they were happy with the care they received.
- Daily notes were basic and provided only basic information about care tasks provided. The notes did not always give a full account of the person's daily routines, visitors, outings or activities, or give information about the person's mood or sense of well-being. The registered manager told us the daily notes had improved over the last year and they were constantly encouraging staff to provide more information about each person's day. However, they had clearly not been successful.

We recommend the provider consider current guidance on accurate daily report writing and to consider ways of ensuring daily reports provide an accurate description people's health, personal care and social activity.

- People and staff told us the level of activities had fallen. There were only a few planned routine activities. Staff told us they tried to spend time with people whenever possible to sit and chat but said they felt they did not always have time. A member of staff told us they were upset about the lack of activities and said, "The level of activities is virtually non-existent". The registered manager told us they hoped to employ an activities person in the near future to address this need. Activities provided on a regular basis included visits from an animal charity, and visits from a local singing group. Some people told us they would like to go out more often. Relatives also told us they felt the level of activities and outings was insufficient.

We recommend the provider seeks guidance from a reputable source on meeting people's social needs. 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.

- Staff understood each person's individual communication needs. This information was explained in each

person's care plan. We saw staff communicating effectively with each person.

For example, one person was unable to communicate verbally. Staff understood the person's facial expressions and knew how to communicate effectively with them.

- The registered manager told us they were willing to provide documents in other formats to suit each person's communication needs if required.

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

- Friends and families were made welcome whenever they visited. People were supported to maintain good links with families. Relatives told us the staff were always welcoming and kept them informed of their loved-one's health and well-being.

Improving care quality in response to complaints or concerns

- Since the last inspection the home had received no complaints. The registered manager assured us all complaints, no matter how small, would always be taken seriously, investigated and actions taken where necessary to put the matter right.

- Information was displayed around the home about the home's complaints policy and procedures.

- People told us they would not hesitate to speak with the registered manager if they had any concerns or complaints.

End of life care and support

- People could be confident they would receive the right care and support at the end of their lives. Staff had gathered information from each person to help them develop an end of life care plan setting out the care they wanted to receive at the end of their life. For example, staff were aware of the music they wanted to be played and how they wanted to be dressed.

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.

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

- At the last inspection we found a provider did not always act as a good role model for the staff. The provider had used patronising and inappropriate language when talking to one person. This demonstrated a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. At this inspection we found the provider sometimes provided care when shifts would otherwise be uncovered, for example due to sickness. During this inspection a person who lived at the home told us that the provider, while working as a carer the previous day had "screamed" at them. This had caused considerable upset to the person, and also to staff who witnessed the incident.

This meant the provider failed to treat people in a respectful and dignified manner.

This demonstrated a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had failed to ensure risks to the environment were fully assessed and actions taken to reduce or eliminate risks where possible. Risks relating to scalding from hot water, Legionella, smoking, and falls from windows had not been fully assessed, regularly reviewed, and actions had not been taken to reduce the risks.

- At the last inspection we recommended the provider seeks guidance and information from a reputable source on designing accommodation to help people with dementia find their way around the home safely. However, action had not been taken to improve the signage.

- The registered manager had a range of audit tools to monitor the quality of the service. These included a range of regular checks and audits on the medicine administration procedures. The checks had been thorough and where issues had been noted, actions had been taken to reduce the risk of problems recurring. However, although we saw evidence of improvements in most areas of medicine administration, some creams had not been recorded when administered.

This meant the provider has failed to ensure risks to the environment, and to people who live in the home, are fully assessed, monitored and mitigated. This demonstrated a breach of regulation 17 of the Health and Social Care Act 2008

(Regulations 2014).

- After this inspection we requested some further information from the registered manager and provider. We received some information such as evidence of staff training, staff rotas and other documents relating to the management of the service.
- At the last inspection the provider was also the registered manager. Following that inspection, the provider appointed a new person as manager. The new manager applied for, and has been granted, registration. A registered manager is a person who has registered with the Care Quality Commission (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 told us the registered manager was well-respected and encouraged an open culture. People and staff spoke highly of the registered manager. A member of staff said, "We've got the best manager going - she works with us"

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

- People were given support to go out and engage with the local community, although people told us this could be improved. One person was supported to visit the local supermarket. Another person worked in a voluntary capacity in the community.
- The provider told us in their PIR that people were treated equally and receive the care according to their person-centred care plans. During the inspection we observed staff treating all people as valued individuals regardless of their backgrounds, beliefs or disabilities.

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 provider had notified relevant agencies of all incidents that may affect the running of the home or people's health and safety. This included notifications regarding expected or unexpected deaths, and any incidents involving the police or emergency services.

Continuous learning and improving care

- The registered manager had just achieved a relevant management qualification a few days before this inspection.
- Staff were supported and encouraged to gain relevant qualifications and attend training to improve their knowledge and delivery of care.

Working in partnership with others

- The registered manager worked closely with local health and social care professionals. A professional told, "[Registered manager] has always been a caring and knowledgeable woman. She is always full of information and always willing to learn and to listen. Staff are always pleasant, welcoming, and friendly". They told us the registered manager and staff sought their advice when needed and there was a good working relationship between them.

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 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider has failed to ensure people are treated with dignity and respect at all times.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider has failed to ensure risks to the health and safety of service users of receiving the care or treatment are fully assessed, and actions are taken to mitigate any such risks where possible.</p> <p>The provider has failed to ensure that the premises used by people living there are safe to use for their intended purpose and are used in a safe way.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider has failed to adequately assess, monitor and improve the quality and safety of the services.</p> <p>The provider has failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>The provider has failed to ensure accurate, complete and contemporaneous daily records are maintained in respect of each service user, including a record of the care and treatment</p>

provided to the service user and of decisions taken in relation to the care and treatment provided