

Howson Care Centre Limited

Howson Care Centre

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Howson Care Centre is a 'care home with nursing'. 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. It provides accommodation for older people, people living with a learning disability and those with mental health conditions or dementia. People living at the home were a mixture of ages. Many of the people living at the home had complex needs. Some people required more assistance either because of physical or psychological illnesses or because they were suffering from memory loss. The home can accommodate up to 83 people. At the time of our inspection there were 79 people living in the home. Care is provided in six units which are based on a single site. The units are The Main house, The Court, The Wing, The Flat, The Laurels and The Bungalow.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection the service was rated, 'Requires Improvement'. We found breaches in Regulation 12 and Regulation 17. Care plans were not put together with people who used the service. They were not reviewed on a regular basis and did not reflect the needs and wishes of people. Quality checks on the service were not robust enough and lessons learnt not passed on to staff to improve the service. At the last inspection in October 2016, we asked the provider to take action to make improvements to care records and quality monitoring. At this inspection we found although there had been some improvements in care records their remained issues regarding the review of these and in the management of quality checks.

This is the third time the service has been rated 'Requires improvement'. We found there remained a breach of Regulation 17.

Quality checks were being completed but these had not identified some of the issues we found at inspection. Issues identified at previous inspections had not been addressed fully. The provider had failed to inform us about accidents and incidents.

Medicines were not managed consistently safely. Where people received their medicines without their knowledge (covertly) the provider had not followed best practice guidelines. Arrangements were not in place to ensure medicines were administered at the correct interval.

Where people were unable to make decisions arrangements had been made to ensure decisions were made in people's best interests. However not all best interests decisions were issue specific as required by national guidance.

The provider had ensured that there was enough staff on duty. In addition, people told us that they received person-centred care.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Background checks had been consistently completed before new staff had been appointed.

There were arrangements to prevent and control infections however these had failed to address issues we identified at the inspection.

Staff had been supported to deliver care in line with current best practice guidance. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have choice and control of their lives and to maintain their independence. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. Confidential information was stored securely.

Information was provided to people in an accessible manner. People had been supported to access activities and community facilities. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to in order to improve the quality of care. Arrangements were in place to support people at the end of their life.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been involved in the running of the service. The provider had put in place arrangements that were designed to enable the service to learn and ensure its sustainability. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Arrangements were not in place to ensure medicines were effective when given without people's knowledge (covertly) or in food. Formal arrangements were not in place to ensure people received medicines at appropriate times.

Risk assessments were completed however plans to mitigate the risk were not consistently in place.

There were systems, processes and practices to safeguard people.

There were sufficient staff available.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not consistently received an induction.

Best interests decisions were not consistently issue specific.

People were supported to access healthcare. People had access to adequate nutrition. It was not clear from records how much fluid people should receive.

Some areas of the home required refurbishment.

Is the service caring?

Requires Improvement ●

The service was caring.

The service was caring. However during our inspection we found issues which would impact on the quality of care therefore the domain is rated as requires improvement.

Staff were kind and considerate. People's privacy and dignity was respected.

People were offered choices about how their care was provided.

Is the service responsive?

The service was not consistently responsive.

Care records had not been regularly reviewed.

People had access to a range of activities and leisure pursuits.

Staff understood the importance of promoting equality and diversity.

Requires Improvement 

Is the service well-led?

The service was not consistently well led.

Issues from previous inspections had not been fully addressed.

Quality monitoring arrangements failed to identify the issues raised at previous inspections.

Policies did not reflect national guidance and best practice.

People and staff opinions were sought on the services provided and they felt those opinions were valued when asked.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people.

Inadequate 

Howson Care Centre

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 was a comprehensive inspection.

This inspection took place on 23 May 2018 and was unannounced.

The inspection was carried out by two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance the care of older people and people living with dementia.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. 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 also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we visited all six units. We spoke with 11 people who lived at the service, seven members of care staff, two nurses, one relative, the housekeeper and the registered manager. We also looked at seven care records and records that related to how the service was managed including staffing, training and quality assurance.

Is the service safe?

Our findings

The service was rated requires improvement at the last inspection and this time it remained requires improvement.

Where people received their medicines in food without their knowledge (covertly), to assist them to be able to take their medicines, we observed the appropriate arrangements had not been put in place to ensure the method of administration did not affect the way the medicines worked. We checked the provider's medicine policy and saw it did not include best practice guidance with reference to covert medicines and medicines given in food.

We observed the medicine round in the Court, The Laurels and the Main House. We saw people were given their medicines according to their preferences. Medicines were administered safely in The Laurels and The Main House however, we observed the morning medicine round in the Court did not end until 11.27am with the lunchtime round starting at 12.15 pm. We spoke with the nurse to confirm how they managed the risk of too short an interval between repeat medicines at lunchtimes. They advised that they ensured that these medicines would be given later in order to compensate as they remained on duty until 19.30pm. They said they would then would pass on information to the night staff if there was need to administer the night time medicines later. This arrangement presents a risk as it relied on an individual's memory. People requiring medicines three or four times a day such as regular painkillers, particularly Paracetamol, or antibiotics should have them administered at routine, equally spaced intervals. A medicine audit had been completed in April 2018 but this had not checked these issues. We spoke with the registered manager who told us they would address these issues.

Risk assessments had been put in place for a range of issues including the use of bed rails and skin care. However, we found that risks to people's safety had not been consistently assessed, monitored and managed, so that people were supported to stay safe while their freedom was respected. For example, one person had suffered frequent falls, a risk assessment had been completed. However, there was no plan in place to minimise their risk of falling and no referral to the falls service had been made. The same person had had a risk assessment completed for their skin care however despite a high risk being identified there was no plan to minimise any risks. Following the inspection the provider told us a referral to the falls team had not been put in place because they understood the reasons for the falls.

We observed an occasion when a person was not responded to in a timely manner when their specialist feeding pump required attention. The person waited 10 minutes before a member of staff attended to the person following our intervention. In addition we observed where people were cared for in their bedroom two room visit charts we looked at did not detail regular checks. People were at risk of not receiving the care they required.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Medicine administration records (MARs) were completed according to the provider's policy. Medicine front sheets were in place and included information about allergies. Information to support staff when administering as required, (PRN) medicines, was available to staff to ensure people received their medicines when they needed them.

Arrangements were in place to protect people in the event of situations such as fire or flood.

We observed two areas which due to the need for refurbishment presented an infection risk. We spoke with the registered manager who confirmed one area was planned for refurbishment. They also confirmed following inspection the other area had been refurbished. These areas had also been identified in a plan of refurbishment work. Systems which were in place to ensure equipment was clean were not comprehensive'. We saw toilet brushes were in use but a schedule for cleaning to ensure the risk of infection was managed was not in place. People told us they felt the home was clean. Checks had been carried out to ensure areas were kept clean.

People told us that they felt safe living in the service. We saw evidence of people being supported to maintain their feeling of safety. One person said, "Oh yes, I feel safe." Another told us, "I go shopping and meet friends but staff always like me to take my mobile phone so that I can get in touch if I need to. Staff always make sure my phone is charged and they ask me if I have got it before I leave." This enabled the person to be independent but was aware that staff could be contacted in case they needed assistance.

Relatives also told us they were confident that their family members were safe. We saw CCTV was in place throughout the building to assist staff to keep people safe. Although people who were able to had given consent, at the time of our inspection a policy for the use of CCTV had not been completed to ensure it was used according to best practice. The provider showed us a draft policy which they were in the process of developing. Following the inspection the provider has confirmed this was now in place.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse both internally and externally to the service, so that they could take action if they were concerned that a person was at risk. All staff were able to tell us how they would respond to suspected abuse. Staff were also able to explain different types of abuse and how they would recognise abuse correctly. Staff confirmed to us that they had received training in this topic. One member of staff we spoke with told us, "I feel that people are safe. If we see anything that we think is unsafe, we tell the team leader or the manager and they makes sure the right action is taken." They told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they were able to tell us about these. For example, they said they would try to pre-empt situations and divert people from things that distressed them.

Staff said they thought there was sufficient staff. A member of staff said, "The staffing levels are fantastic; the best I have experienced previously". A person told us, "When I press the buzzer (which was located within reach) they come pretty quickly." The registered manager told us they had put in place arrangements to ensure there were sufficient staff to support people.

We examined records of the background checks that the registered persons had completed when

appointing new members of care staff. We found the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents. Records showed that arrangements were in place to monitor accidents and near misses so that they could establish how and why they had occurred.

Is the service effective?

Our findings

The service was rated requires improvement at the last inspection and this time it remained requires improvement.

Two members of staff told us they had not received a full induction. We reviewed five staff records and could not find evidence of an induction. We spoke with the registered manager who told us that any new staff would now complete the National Care Certificate which sets out common induction standards for social care staff. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. We spoke with a member of staff that had only recently been employed by the service. They told us they had received an induction at the service and had attended NAPPI training (Non-abuse psychological and physical intervention). She said, "I have really settled and staff have been very supportive. I am working my way through the 'Care Certificate' and I have been told once this is completed my pay will increase. I think that is a very good incentive." People were confident the staff knew what they were doing and had their best interests at heart.

Staff had also received on-going refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way and where people had specific needs arrangements had been put in place to provide training to staff. For example, training about continence management and catheter care. The provider also encouraged staff to study for nationally recognised qualifications in care and management.

Arrangements were in place for staff to receive one to one support and yearly reviews. Staff told us they had received one to one support and had found this useful. This is important to ensure staff have the appropriate skills and support to deliver care appropriately.

People were supported to eat and drink enough to maintain a balanced diet. Drinks and snacks were provided to people throughout the day. Fluid and diet charts were well kept and recorded as events occurred. However, the charts did not routinely identify a target fluid volume intake according to their individual needs for people who are at risk of dehydration. This meant there was a risk people did not receive adequate fluids.

We observed lunch in three areas. In the Court we saw the majority of people remained seated in their easy chairs rather than seated at a table in a dining room. We understand this was according to people's preferences. We also observed people were not offered a choice of drink during lunchtime in this unit. In the main house we observed a person being supported by a member of staff. They sat next to the person and spoke quietly with them. We observed people were asked if they had finished their meals before plates were removed.

When we asked about the food people's responses were variable. Some people told us it was 'OK' and others said they enjoyed the food. The main cooked meal was served at tea time and we heard people

deciding what they would eat at that meal. We did not see a menu to assist people with choices however staff told us there was usually a pictorial menu available and staff asked people what they wanted before meals. The registered manager later confirmed this had been removed in order to be updated as they were in the process of changing the menu.

We saw people chose where they wanted to have their lunch either in the dining or lounge areas or in their own bedrooms. People also chose what and when they wanted to eat. For example, we observed a person having risen late, eating their breakfast of cereal, at 11.30 hours. Lunch was served at 12.30 hours. I was advised by a member of staff that the person often did this and omitted their lunch.

Where people had specific dietary requirements we saw these were detailed in care records and staff were aware of these. We looked at three people's care plans and found staff had recorded people's weight so they could assess if they required additional supplements or high calorific meals. We spoke to the team leader on the Laurels about a person who required a fork mashable diet as they had been assessed as a choking risk by the speech and language therapist (SALTS). The person had diabetes and staff closely monitored their blood sugar levels before meals so they could monitor their diet intake. Help and advice was available from the diabetic nurse. In addition specialist cutlery and plates were available to support people with their meals.

People were supported to live healthy lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. The registered manager told us that the home had good relations with the local GP practice. There was guidance for staff around actions to take in the event of certain episodes or illnesses that may occur to individuals. Hospital grab sheets were in place however we saw two occasions when these did not reflect the person's current care. For example, a person received their medicines covertly and this was not reflected on the sheet. This meant that should the person be admitted to hospital there was a risk the information would not accurately reflect their care needs. Where people had specific health needs for example, epilepsy risk assessments and care plans were in place.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place a decision in people's best interests. However these were not consistently decision specific as required by national guidance. Specifically where people were unable to maintain their own finances BIA were not in place. We spoke with the registered manager about this who told us they would address this.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found where people were subject to DoLS the appropriate arrangements had been put in place. At the time of our inspection there was one person subject to a DoLS. However the provider had submitted four other applications and was awaiting a decision on these.

We saw that a range of refurbishment had taken place since our previous inspection. For example, the

addition of a conservatory in the Wing. However there remained a number of areas which required refurbishment. For example, we observed a handrail was loose in the Main house. We spoke with the registered manager who confirmed after the inspection that this had been addressed. A refurbishment plan was in place and the registered manager told us this was flexible and changed if something emerged that was a priority. We observed a conservatory in the Court which was used as a store for hoists and wheelchairs and was not available to people to use.

We found that arrangements were in place to assess people's needs and choices before they were admitted to the home, so that care was provided to achieve effective outcomes. Records showed the registered manager had carefully established what assistance people required before they were admitted. Initial assessments had also considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

Is the service caring?

Our findings

During our inspection we found issues which would impact on the quality of care. Our observations were that whilst staff were kind and appeared to understand the needs of people systems were not in place to ensure good care.

People and their relatives were positive about the care they received. A person told us, "I can stay in my room if I want to and wear my nightie and dressing gown which is better for my eczema. So I do have choices." Another person said, "I've got my own room" and "They look after me here."

People were treated with kindness and were given emotional support when needed. The staff approach was person centred and people were treated as an individual. We saw staff sitting with people engaging in meaningful conversations. We saw staff taking time to sit with a person who was distressed. Staff used calm encouraging words to calm the person who was anxious to speak to a family member. This seemed to give reassurance to the person who became more settled. Another person became distressed because they wanted a drink and we saw staff spoke calmly and reassured them as another member of staff got the drink.

People told us staff were considerate. Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. However, we observed a person who required a nebuliser was given this by a member of staff as part of their medication. We saw they were walking around the lounge whilst other people were eating and at one point pulled the mask off, which could have caused a risk of harm to them and others. At which point we observed they required a tissue however rather than assisting they were told to 'get a tissue and put that back on' although there were no tissues easily available.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. For example, a care record explained a person did not like wearing shoes in doors and we observed this was respected. When asked about support for independence the people living in the flat and The Laurels told us they were supported to do things for themselves. One person told us, "I choose my own clothes and I can more or less do as I want."

We observed staff supporting people to move and saw this was done safely and at people's own pace. Staff explained what they were doing and how people could assist them when moving. Records detailed how people should receive their support when being assisted to move.

We noted that the provider had access to local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. People told us staff were usually respectful when giving personal care and they had never felt undignified or embarrassed. We observed people were encouraged to remain as independent as possible. For example, people were provided with specialist cutlery so they could continue to eat independently. People were called by their preferred name

and records also referred to people by this. We saw staff acted swiftly to maintain a person's dignity when they entered into a communal area in a state of undress. Staff made sure the person was covered and they encouraged them to return to their bedroom. We saw staff knocking on doors and waiting for a response before entering the bedroom. Doors were closed when personal care was being delivered.

Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. For example, knocking on doors and asking people if they required support before providing it.

We found that suitable arrangements were in place to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

At our previous inspection in October 2016 we found a breach of Regulation 12 HSCA RA Regulations 2014. Care plans were not put together with people who used the service. They were not reviewed on a regular basis and did not reflect the needs and wishes of people. At this inspection we found assessments had been completed before people came to live at the service. Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. This helped staff to understand people's needs and wishes. However, although care plans had been reviewed the reviews had not ensured they accurately reflected people's changing needs and wishes. For example, one record did not reflect the method by which a person received their medicines. This was important because they required them to be given in a specific way to ensure they were able to take them. There was a risk people would not receive the appropriate care.

Information was included in the care record to inform staff about what was important to people. For example, information about people's work history and life experiences, however we found these were not consistently completed. The provider later told us they found it difficult on occasions to obtain this information from people hence the gaps. We observed staff speaking to people about their past life experiences and families.

People said that nurses and care staff provided them with all of the assistance they needed. We found that people received personalised care that was responsive to their needs. Where people remained in their rooms for long periods of time and were unable to call for assistance we observed visit charts were in place. However, we looked at two charts and found the chart showed varying times between visits ranging from one hour to as many as four hours. People were at risk of not having their needs responded to in a timely manner.

Care plans and other documents were written in a user-friendly way according to the Accessible Information Standard so that information was presented to people in an accessible manner. People and their relatives were involved in developing their care plans and how they were cared for. For example, a person who required more support than when they were admitted and their relative had been involved in discussions about how and in which unit they could best be cared for. People in the Laurels were proud to show us their care records. A person told us they had had some input with their care plan when staff talked to him about what they would like to do, but thought generally that, "They [staff] know best."

Arrangements were in place to provide activities and leisure pursuits on a daily basis. During the morning in the Court we observed little organised activity. However, we saw staff offered people on an individual basis opportunity to take part in leisure pursuits. For example, we heard a member of staff offering to do a word search with a person. We observed other people from another unit had been out for a walk in the community that morning and were told they 'joined in with the health walks sponsored by the NHS. People also had the opportunity to go to the local church. In addition, external facilitators came to the home to provide activities, these include seated exercise, choirs, and interactive music sessions.

Activities within the home also included craft, cookery, bingo quizzes and gardening. We observed a baking session in the afternoon which involved a number of people from the main house. People were involved according to their choice for example, one person read out the recipe and another person weighed ingredients. A member of staff responsible for activities told us, "The residents like to go to the pub, and do so, and if anything appears in the local paper of interest I will endeavour to get a group there." They told us they had funding and permission to pursue their role fully and access a range of leisure pursuits according to people's preferences. The registered manager told us they celebrated individual events such as birthdays and Easter and had held a party to celebrate the royal wedding.

People were supported to maintain relationships outside the home, for example a person told us they could have visitors whenever they wished. Some people also attended local community events for example, people attended a local tea dance, disco and the leisure centre for use of gym and swimming. One person had their own car on the Motability scheme. They told us, "I can't drive it but the staff will take me wherever I want to go."

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. For example, links had been made with the local church for people to access if they wished. Furthermore, the registered manager recognised the importance of appropriately supporting people if they identified as gay, lesbian, and bisexual and transgender.

Arrangements were in place to support people who could not communicate verbally. For example, care records detailed how staff should communicate with people. A record stated, "I do not verbally communicate but will sometimes 'hiss' when unhappy." One staff member taught Makaton to members of staff so they could communicate with a person who used this as a means of communication.

There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. A complaints policy was available to people and people were aware of this. When we spoke with people they told us they would be happy to raise concerns if they had any. One person said, "I've nothing to complain about, but if I had I would talk to the nurses."

The provider had arrangements in place to support people at the end of their life. The registered manager told us at the time of our inspection there was no one receiving end of life care.

Is the service well-led?

Our findings

We have carried out three comprehensive inspections at this service. On all three occasions, the service has been rated as 'requires improvement', with repeated issues highlighted as concerns and any improvements not always being sustained. The service has not fully met some of the regulations since July 2012. We have taken this into account when considering our rating in this domain.

Breaches of regulation were identified in October 2016. We found breaches of the Health and Social Care Act (Regulated Activities) regulations 2014 in Regulations 17 and 12. Quality checks on the service were not robust enough and lessons learnt not passed on to staff to improve the service. Care plans were not put together with people who used the service. They were not reviewed on a regular basis and did not reflect the needs and wishes of people. At this inspection we found some improvements had been made in relation to regulation 12 however we found the reviews carried out on care records had not resulted in care records accurately reflecting people's care needs. There remained breaches in Regulation 17. The provider had failed to fully address issues previously identified at inspection.

Continued breaches of the regulations demonstrate that the service is still not consistently well led and does not give us confidence that the provider can deliver and sustain the improvements needed to ensure the health, safety and welfare of people using the service.

At the previous inspection we found audits that had been completed did not effectively identify areas for improvement. At this inspection we found records showed that the registered persons had regularly checked to make sure that people benefited from having all of the care and facilities they needed. However, these checks had not consistently addressed the issues found at this and previous inspections.

At this inspection we found that the medicines policy did not support the safe administration of covert medicines and the length of the medicines round did not ensure that people's medicines were administered in a timely manner. This showed that there was a lack of structured care around medicines that needed addressing. In addition we found some gaps in the infection control processes which increased the risks to people. We also found that risks to people were inconsistently managed, this along with infrequent reviews of people's needs had increased the possibility of people being hurt while receiving care. We also found that staff had not checked on people regularly to ensure they were safe and comfortable. All these issues showed that the systems in place to monitor the quality of care people received and to drive improvements were not adequate.

The previous inspection had also identified care records had not been reviewed on a regular basis. At this inspection we continued to find care records had not been consistently reviewed and had not been fully completed.

The provider had not ensured that policies and processes reflected best practice and national guidance. Records showed that the registered persons had not correctly told us about events that had occurred in the service, such as accidents and injuries.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Records showed that the registered persons had not correctly told us about significant events that had occurred in the service, such as accidents, incidents and injuries.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

People and their relatives told us that they considered the service to be well run. There was a registered manager in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. Staff described the home as having a good atmosphere for people. The registered manager told us they felt supported by the provider who welcomed suggestions. Staff said they thought there was a good team in place and the culture was very supportive. They told us they felt appreciated.

Relatives we spoke with and some of the people who lived at the home we spoke with knew who the registered manager was and felt they could approach them with any problems they had. Staff told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

In addition, we found that the registered persons had taken a number of steps to ensure that members of staff were clear about their responsibilities and to promote the service's ability to comply with regulatory requirements. Checks were carried out on issues such as falls, mattresses and health and safety issues. These checks included making sure care was being consistently provided in the right way, and staff had the knowledge and skills they needed. We saw the results of these checks were reported back to staff at meetings. Regular staff meetings were held and staff received feedback with regard to issues in the home. A member of staff told us, they felt well supported by the manager.

We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. The registered persons had invited people who lived in the service and their relatives to complete questionnaires to comment on their experience of using the service. For example, a quality assurance survey had been carried out. Where issues had been raised these had been resolved. For example, an issue was raised about people having to wait to use the toilet because of the number available. As a consequence the provider carried out renovation work in order to provide an additional facility.

The registered manager had developed working relationships with local services such as the local authority and GP services. We found that the registered persons had made a number of arrangements that were designed to enable the service to learn. This included linking with local organisations such as the local authority to introduce improvements. The registered manager told us that both staff and relatives had been involved in a specialist workshop about dementia in order to assist them to understand the needs of people and their relative. The registered manager also encouraged staff to develop so that their skills could be used to benefit the home. For example, some staff had been given specific lead areas and additional training so they could ensure staff were aware of best practice issues, for example in moving and handling

The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

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 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	The provider had failed to inform us of accidents and incidents.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People were at risk of receiving unsafe care. Systems were not in place to ensure people received safe care and treatment.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Continued breaches of the regulations. Quality checks had not consistently addressed the issues found at this and previous inspections. The systems in place to monitor the quality of care people received and to drive improvements were not adequate.
Treatment of disease, disorder or injury	