Maria Mallaband Limited

Troutbeck 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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Troutbeck Care Home is located in the Wharfe Valley on the edge of Ilkey Moor and only a short distance from the town centre. The service provides accommodation for up to 54 people who require either residential or nursing care. However, at the time of inspection the second floor of the home was closed therefore the maximum occupancy had been reduced to 45. Of the 42 people using the service on the day of inspection 9 required residential care and 33 required nursing care.

The inspection took place on 28 July 2016 and was unannounced. The last inspection was in December 2015. At that time we found the provider was in breach of four regulations and the home was placed in special measures. The breaches of regulation were in regard to safe care and treatment, privacy and dignity, person centred care and good governance. Following the inspection we received an action plan from the provider detailing how improvements would be made including timescales. At this inspection we found the provider had made sufficient improvement to take the home out of special measures.

The home had 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.

The home had a safeguarding policy in place which made staff aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and what might constitute abuse.

We found the service was meeting the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).This legislation is used to protect people who might not be able to make informed decisions on their own.

We saw staff were caring courteous toward the people they supported and received appropriate levels of training and supervision to carry out their roles effectively. However, we had concerns there were at times insufficient staff on duty to meet people's needs and staff needed to be more vigilant and attentive when assisting people with their personal care.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists.

We found the nursing staff responsible for administering medication received appropriate training and people received their medicines safely. However, poorly completed documentation meant we could not be certain creams/lotions were being applied as prescribed.

We found people's needs were assessed and care plans had been put in place to meet their assessed needs although they did not always reflect the care and treatment people actually received. The majority of people we spoke with told us they were involved in planning their own care and treatment however this was not always evidenced in the care plans and supporting documentation we looked at.

We saw there was a complaints procedure available which enabled people to raise any concerns or complaints about the care, support or treatment they received.

We found although some improvements had been made to the quality assurance monitoring systems further improvements were required. The audit systems were not robust and had not identified the shortfalls in the service highlighted above and in the body of this report.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

We found that although people received their medicines as prescribed, creams and ointments were not always applied as directed.

Assessments were undertaken in relation to potential risks to people who used the service and staff. Written plans were in place to manage these risks, however these were not always up to date.

The staff recruitment and selection procedure was robust but there was not always sufficient staff on duty to meet people's needs and keep them safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The service was working in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This helped to make sure people's rights were protected.

People were supported to have an adequate dietary intake and their preferences were catered for. However, some documentation was not completed to a satisfactory standard.

We saw people had access to the full range of NHS services and staff worked closely with community based healthcare professionals in specific areas of people's care.

Staff received the training and support they required to fulfil their roles and meet people's needs.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's right to privacy and dignity was generally respected although staff needed to be more vigilant and attentive when

assisting with personal care.

Staff demonstrated a good understanding of people's needs and people were able to express their views about how they wanted their care and support to be delivered.

People's personal information was treated confidentially and personal records and reports were stored securely.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were assessed and care plans had been put in place to meet their assessed needs, although they did not always reflect the care and treatment people received.

Staff told us people were involved in planning their own care and treatment however this was not always evidenced in the care plans and supporting documentation we looked at.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

The had been improvements to the quality assurance monitoring systems in place and they had started to identify and address areas for improvement. However, it was too early to test the long term effectiveness of these processes.

Feedback about the registered manager was positive. They were open and transparent and demonstrated a commitment to improving the quality of services provided.

Troutbeck Care Home

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 28 July 2016 and the inspection was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case their area of experience was services for older people and people living with dementia.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at seven people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with ten people who were living at the home and nine relatives. We also spoke with the registered manager, the quality manager, two qualified nurses, six care staff, the chef and one visiting healthcare professional.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we had concerns that people's medicines were not being managed safely. At this inspection we found improvements had been made but creams and lotions were not always being applied as prescribed. For example, when people were prescribed topical medicines such as creams and lotions we found body maps were in place which showed care staff where the creams/lotions should be applied. However, on some forms we looked at we found no indications as to how often the creams/lotions should be applied or staff had not completed them correctly. We therefore could not be certain creams/lotions were being applied as prescribed.

The staff we spoke with confirmed they knew how often people required specific creams and lotions applied but acknowledged they had not always completed the form as required. This was discussed with the registered manager who told us this issue had been identified through the quality assurance audits in place and confirmed they would address the matter immediately.

We saw medicines were administered by qualified nurses who demonstrated a good level of awareness of the medicines they were administering. We saw nurses carefully checked medicines prior to administration to ensure people were receiving the correct medication. This included a thorough check of medicines pre-packaged by the pharmacy in dosette boxes and medicines administered from their original containers.

We saw for medicines prescribed with specific instructions about how and when they should be taken in relation to food there were suitable arrangements in place to make sure these instructions were followed and people received their medicines in a timely manner. This had not been the case at the last inspection.

We looked at medication administration records (MAR). We saw a photograph of each person was kept to ensure that people were correctly identified. This reduced the risk that medicines might be given to the wrong person. The MARs we looked at showed people received their medicines as prescribed and were generally well completed.

We saw stock balances of medicines were now routinely monitored. We randomly checked a number of stock control figures against the actual amount held and found no discrepancies. This assured us that people were receiving their medicines as prescribed.

We saw the registered manager carried out a full medicines audit once a month and in between the MARs were checked against the stock to make sure they were correct. We found the registered manager had taken appropriate action in response to any medication errors and this included informing the Care Quality Commission (CQC) and local authority safeguarding unit when necessary.

We saw medicines classified as controlled drugs were stored and accounted for correctly. Most people's MARs were printed by the supplying pharmacist. In some cases people's MARs were hand written, when this was necessary we saw they had been checked and signed by two people to reduce the risk of transcribing errors.

We saw the service had a safeguarding policy in place which was available for staff and people to access. We asked the staff about their knowledge and understanding of safeguarding people in their care and they were able to give us detailed examples of different types of potential abuse and what actions they would take. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority safeguarding unit and the CQC if they had any concerns and were aware of the organisations whistle blowing policy.

The people we spoke with said they felt safe in the home. One person said "It's lovely living here, the staff are wonderful and very caring." Another person said, "You do hear such a lot about people being poorly looked after in care homes but I am sure the management and staff at Troutbeck would not let such a thing happen here."

At the last inspection we found that although there were sufficient staff on duty to meet people's needs many of the staff had only recently been employed and this was impacting on service delivery. At this inspection the registered manager told us the new staff had integrated in to the staff team and they always ensured there was a good skill mix on every shift. We saw the registered manger used a dependency tool when reviewing staffing levels although this did not take in to account the layout of the building.

We looked at the staff rota which showed on day duty there was one qualified nurse and four care staff on duty on both the ground and first floor units. However, when we looked at the dependency levels of the people living on the first floor of the home we found twelve people required the assistance of two staff to assist them with their personal care needs and ten people required assistance to eat their meals.

The registered manager confirmed that while the dependency levels on the ground floor of the home were not as high as people were generally more physically able. However, staff were still kept very busy meeting their differing needs.

The staff we spoke with told us at times they felt under pressure at peak periods of the day including mealtimes and there were insufficient staff on duty to meet people's needs. They told us the number of people who now required two staff to assist them had increased significantly and they were finding it difficult to manage their workload.

People who lived at the home and their relatives also raised concerns about staffing levels. For example, we asked one relative how long it took staff to respond if they used the nurse call alarm. They said, "If we ring, it's quite a time before anyone answers. It can be 20 minutes." They also said, "The buzzer is quite often out of (name of person) reach. I have had to go and get someone to take her to the loo."

We asked one person who lived at the home the same question and they said, "It takes them ages. My bug bear is that they come and turn the buzzer off and then go. I have to buzz them again." We asked them if the response time was worse at any particular time of the day and they said, "After mealtimes. That's when they are toileting all the old ladies. It took 2 hours the other day, at teatime, to get me in my chair. I get sore and I need to get in my chair (from their wheelchair.) The mornings are also slow."

We spoke with this person in their bedroom and they told us they had pressed the nurse call alarm just prior to our arrival. The alarm was not answered during the length of our conversation which lasted about 35 - 40 minutes. Shortly before we left they rang for assistance again.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we received information from the registered manager confirming they had looked at people's dependencies levels again and were in discussion with senior management about increasing staffing levels. We will follow this up with the provider to ensure they have taken the appropriate action.

We saw there was a recruitment and selection policy in place. The registered manager told us as part of the recruitment process they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people.

We looked at three staff employment files and found all the appropriate checks had been made prior to employment. The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable adults had been made. They also said they felt well supported by the registered manager and senior management team and enjoyed working at Troutbeck.

We looked around the premises and found it to be safely managed. There were appropriate numbers of communal areas for people to spend time in which were furnished to a high standard. Bedrooms were clean and comfortable. There was an enclosed garden area where people could spend time and staff told us people had been involved in maintaining the garden area. Safety features were installed on the building such as window restrictors were in place to reduce the risk of falls from windows.

A maintenance worker was employed and was responsible for keeping the premises in good working order and undertaking and managing safety checks. We checked documentation and saw checks were undertaken on key systems such as gas, electric, fire, and water. This helped keep the building safe.

We saw the food standards agency had inspected the kitchen and had awarded them 5* for hygiene. This is the highest award that can be made. This meant food was being prepared and stored safely and hygienically.

Risk assessments were in place for each person which covered areas such as infection control, bed rails, nutrition, falls and skin integrity. We saw evidence that equipment was in place to keep people safe. For example, two people we looked at were assessed as being at risk of falls so pressure sensors had been provided. We saw these were positioned suitably during the inspection.

Overall, we saw appropriate control measures were put in place by staff to help keep people safe. However, some of these risk assessments were not fully up-to-date. Documentation showed risk assessments should be updated monthly or more frequently if people's needs changed. We identified one person's moving and handling risk assessment had not been updated and did not reflect their current needs. Their other risk assessments such as nutrition had not been updated for six weeks despite deterioration in their abilities and weight.

We found risk scores on risk assessments such as Malnutrition Universal Screening Tool (MUST) and Waterlow (skin integrity) had not always been completed correctly. In these instances, we found the care and treatment provided was appropriate, however, the incorrect scoring of risk, meant there was the potential for inappropriate decisions to be made.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes 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.

The registered manager explained how they assessed the restrictions placed on people who used the service and where they identified these amounted to a deprivation of the person's liberty and the person lacked capacity to consent to their care and treatment, applications were made. We found these applications were appropriate and based on sound knowledge of the correct processes to follow. There were four DoLS authorisations in place with another eleven awaiting assessment by the supervisory body. We saw one authorised DoLS had three conditions attached and found all the conditions had been met in their entirety.

The manager had a system in place to identify when DoLS authorisations were approaching their expiry to ensure timely further assessment was carried out.

The registered manager demonstrated they had a good understanding of the MCA and how it should be applied in the home. Care plans showed where decisions needed to be made, people's capacity was assessed. Where people lacked capacity a best interest process was followed, for example, around whether the installation of bed rails was in a person's best interest.

At the last inspection we identified the home was unclear about whether people had Lasting Power of Attorneys(LPAs) appointed. This information is important to determine the level of control named relatives have over a person's affairs. At this inspection, we found improvements had been made and where LPAs were in place, documentation confirming this had been sought from the relatives to assist in appropriate care planning.

Care records showed people's consent had been obtained in regards to their care and treatment and during the inspection, we saw staff respected people's choices and preferences.

We saw people had access to an appropriate choice of food and all food was prepared fresh by the chef who worked from 8am to 6pm. At breakfast time people could choose from cereals, toasts or a cooked breakfast.

At lunchtime , two main choices were available, these were rotated on a four week menu. There were usually three choices in the evening, the chef told us that they often prepared additional items for people based on their individual preferences. Arrangements were in place to ensure kitchen staff were aware of people's dietary needs such as those that required a soft diet or these that were diabetic.

We observed the lunchtime meal in one dining room and found the tables were nicely laid and there was ambient music playing. We saw staff assisted people who needed help or encouragement to eat their meals appropriately. However, throughout the 30 minutes we were in the dining room we neither saw or heard any meaningful interaction or conversation between staff and people who lived at the home. This was discussed with the registered manager who told us this was not usually the case and felt our presence may have caused staff to act differently.

Where people had lost weight, we saw action was taken to help keep them safe. For example, they were subject to increased monitoring of their intake, food was fortified and liaison and referral with the GP took place.

Some people were having their food and fluid input recorded by the home. Some of these were well completed but this was not consistently so. We found some of these charts were poorly completed with a lack of detail as to the content of the meals they had consumed. Where fluid intake was being monitored, we were unable to establish the reason for this as it was not specified in care planning, there was no target fluid input nor adding up of people's fluid intake to ensure it was appropriate.

We found one person's nutritional care plan did not reflect the current care they were receiving. It made no mention to their recent weight loss and swallowing difficulties and it stated they were independent with eating or needed some prompting. However, the staff on duty confirmed they were now fully reliant on staff to assist them at mealtimes. Although staff demonstrated a good understanding of this person's needs without a clear care plan in place there was a risk that inappropriate care or treatment would be provided. This matter had not been identified through the service's internal audit systems.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the home was part of the Enhanced Health in Care homes vanguard scheme being practiced by a local NHS trust. This had resulted in closer working relationships being established between the local GP practice and the nursing home. GP's were providing enhanced support and monitoring of people's health within the home. We spoke with one health professional about the service who told us they had seen significant improvements to the quality of care in the home in recent months, and that the home acted appropriately to meet people's healthcare needs.

Care records provided evidence people had access to a range of health professionals and their advice was recorded to assist staff provide appropriate care. Where health concerns such as sores and redness were identified by staff, prompt liaison took place with the relevant health professionals. Care plans were in place to avoid unnecessary hospital admissions to help ensure people were kept as comfortable as possible in their preferred environment.

The registered manager told us that all new staff completed induction training on employment and staff who had not previously worked in the caring profession completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager confirmed that following induction training all staff completed a programme of

mandatory training which covered topics such as moving and handling, infection control, food hygiene, health and safety and safeguarding.

We looked at the training matrix and saw mandatory training had been completed by staff within the recommended time frames for each training course or was planned. We saw training was provided in a number of different ways including E-learning, in-house training and staff attending external training courses. We saw the service had a system in placed to highlight when staff needed to update their training. The registered manager confirmed if staff did not update their training within seven days of being notified to do so they were taken off the rota until the training had been completed.

The registered manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings and their annual appraisal. Staff spoke positively about the training provided by the organisation and confirmed they received regular updates in a range of mandatory topics.

The registered manager told us that they were developing and changing the roles of some staff so that they could provide more support to the staff teams. For example, they were developing the roles of care practitioner, care assessor (care certificate), dignity champion. Dementia champion, infection control link and a training champion. This would give designated staff key lead roles in some aspects of service delivery and encourage them to be fully involved in the day to day management of the service.

Requires Improvement

Is the service caring?

Our findings

The majority of people who lived at the home and their relatives told us they were generally pleased with the care, treatment and support they received and things had improved in recent months. Throughout the day of inspection we observed staff were courteous and caring and treated people with dignity and respect. We also saw staff provided appropriate reassurance when people became distressed and for example when transferring them using the hoist.

We asked relatives we spoke with if they whether they thought staff were kind and caring. One person said, "Staff are always so polite and have a lovely nature." Another person said, "Very, some more than others but they are all extremely good."

We asked people who used the service if they felt respected by staff. One person said, "Most definitely, I couldn't be in a better place." Another person said, "I could not ask for better care, all the staff are wonderful and will help you in any way they can." However, some people had different views. One person said, "The staff are caring but there are time restraints." Another person said, "Staff sometimes talk over me. I would say there is a lack of dignity. I sometime speak up and they get a shock."

Two relatives we spoke with also raised concerns about the laundry service. One person said, "(Name of person) is quite often wearing someone else's clothing. The blouse (name of person) is wearing today is not theirs and they had a cardigan the other day which was not theirs. We bought (Name of person) a nice top but we haven't seen it from that day to this." Another person said, "There are a few problems with the laundry but I think that is because so many new staff have started and they are not paying attention to detail. However, things are generally a lot better and I think that is down to how the home is being managed." We discussed the laundry service with the registered manager and they told us the service usually worked efficiently and staff ensured people wore their own clothing at all times. However, they confirmed the matter would be addressed through staff meetings, one to one supervision meetings and team meetings.

Overall we saw most people looked clean, well-groomed and cared for. However we observed one person who had dirty and long fingernails. On reviewing their care plan for washing and dressing we found the plan lacked clarity about the support the person needed with it being unclear as to the person's abilities to manage their own hand hygiene. This was discussed with the registered manager who told us the service provided person centred care and staff tried hard to ensure people's needs were met. However, they confirmed that given the concerns raised they would ensure the staff were more vigilant in relation to people's personal care needs.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information on people's likes, dislikes and histories was present within the care plans we looked at. This demonstrated staff had taken the time to understand people in order to provide personalised care and

support.

We saw staff valued people's opinions and views and listened to them. People were asked what they wanted to eat and drink throughout the day, where they wanted to sit and what they wanted to do. Staff were clear in their understanding of respecting people's right to privacy and informed us they always knock and seek permission before entering a person's room. Staff also informed us they ensure doors are closed when providing personal care. This demonstrated staff were conscious of maintaining people's privacy and dignity.

The home operated the Gold Standard Framework for End of Life care. Information on people's future wishes was present within their care plans and end of life care plans in place where appropriate. This helped ensure staff provided dignified and appropriate end of life care.

The registered manager told us there were no visiting restrictions and family and friends were encouraged to visit their relatives anytime. The relatives we spoke with told us they were always made to feel welcome when they visited the home and offered a drink and light refreshment. One relative said, "I enjoy visiting; the staff are friendly and it is such a lovely place"." Another visitor said, "Staff always seem pleased to seem you when you visit which is nice because you don't want to be in their way as they are so busy."

Requires Improvement

Is the service responsive?

Our findings

We saw people's needs were assessed prior to admission and plans of care put in place. These covered areas such as mobility, sleeping, personal hygiene and continence. However, we found the care being delivered did not always match what was stated in the care plan. This meant there was a risk of inappropriate or inconsistent care being provided. For example, one person's care records stated they were required to sit on an air cushion to reduce the risk of pressure sores. During the inspection we saw this was not in place. We spoke with staff who told us that they had recently removed the cushion due to two recent incidents where the person had slipped off the cushion/chair. However the person's care records made no mention of this or that their needs had been re-assessed in this area.

Another person's weight records showed they had lost over 10% body weight over recent months. Although we were assured and saw appropriate control measures were in place, the weight loss and details of these control measures were not reflected in their care plan. This meant there was a risk of inconsistent care and support.

Care plans contained monthly evaluation however we found the level of support specified in the actual care plan and the evaluation update often differed. We saw evidence of regular communication with people who used the service and their relatives about their care and support. However, we noted there was a lack of documentary evidence to show formal care plan reviews took place.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the handover between the morning and night staff which was attended to by both nursing and care staff including the registered manager. The handover was thorough and provided information on people's condition and any changes in their needs. This helped staff to provide responsive and appropriate care.

People had access to appropriate activities and social opportunities. An activities co-ordinator was employed to work five days a week. We observed the activities co-ordinator had a good rapport with people engaging with them well. They told us and records demonstrated that a varied programme of activities took place including quizzes, singing, reminiscence and gardening based activities. External entertainers regularly visited for example singers, bands and pet therapists. We saw a number of external trips were also planned over the summer months such as a barge trip. People's cultural and religious needs were assessed. We saw people had access to religious clergy if required.

Where people preferred not to get involved in group activities the co-ordinator catered for their needs by providing one to one companionship and activities. We saw people were involved in the selection of activities to ensure they met their individual preferences. The programme of activities for each week was given to people so they could choose what they wanted to get involved in. The people we spoke with told us they enjoyed the activities and outings arranged for them and were complementary about the activities

organiser.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complainant would be dealt with.

The registered manager told us they were proactive in dealing with complaints. We saw the service had received a number of concerns/complaints since the last inspection and they had been dealt with within in line with the complaints procedure

The relatives we spoke with told us that they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose. One person said, "I have used the complaints procedure in the past and my concerns were dealt with. However, I was disappointed I had to make a formal complaint before someone listened to me." Another person said "Things are improving in general at the home and it is now much easier to speak with the manager about any concerns you may have."

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in place. The registered manager was visible within the service, and spent time working with people and staff. Throughout the inspection we observed people engaging and talking with the registered manager. One person told us, "We see the manager all the time they always seem to be here." Another person said "Things have improved significantly in recent months; I am so pleased the manager stayed and is making improvements."

We found the registered manager had a clear vision about how they wanted the service to develop in the future and had prioritised their workload to ensure they carried out their role effective and improve service delivery.

The staff we spoke with shared the registered manager's vision and values for the service. One staff member of staff said, "We aim to help people have a better quality of life, ensure they are comfortable and any health needs they may have are attended to straight away." Another staff member said, "Troutbeck is a lovely home to work and live and we now have the management and staff in place to drive the service forward."

At the last inspection we found the registered provider did not have suitable arrangements in place to regularly assess and monitor the quality of the services provided and to identify, assess and manage risks.

On this inspection we found improvements had been made and there was evidence a rolling programme of meaningful audits had been started which once fully embedded should ensure a reflective and quality approach to care. These included audits of safeguarding referrals, the kitchen, people's dining experience, health and safety, personnel files and medication. We saw evidence these were regularly identifying issues and action plans produced and worked through to drive improvement. In addition a daily walk around was undertaken by the manager to ensure the home was operating to acceptable standards.

We saw the manager undertook a "In pursuit of excellence" audit which looked at the CQC key lines of enquiry and assessed performance against. The quality manager also undertook monthly visits; we saw these reports focused on a wide range of areas including seeking feedback from people and checking staff understanding of key subjects such as safeguarding and DoLS. An action plan was produced as a result of these visits which formed the service improvement plan.

A system was in place to log, investigate and learn lessons from accidents and incidents. A log of incidents was kept in each person's care file to help identify any common themes and trends. Incident forms contained evidence of the preventative measures put in place to prevent a re-occurrence. These were analysed each month to look for any themes or trends such as time and type of incident. On reviewing incident data we did not identify any concerning patterns with regards to incidents.

Where medication errors took place, these were investigated and measures put in place to prevent a reoccurrence. Reflective practice took place with nursing staff to help nurses reflect and learn from incidents.

However, although we found improvement had been made to the overall quality assurance monitoring systems in place we found improvements were still required as they had failed to identify the inaccurate and incomplete documentation described in the body of this report. For example, we found care plans did not always provide accurate information and topical medicine charts and food and fluid charts were poorly completed. This demonstrated systems to assess, monitor and improve the service were not sufficiently robust in these areas. This was discussed with the registered manager. They acknowledged further work was required before the systems were fully operational. However, they were confident the improvements already made could be sustained and had put an action plan in place to develop the systems further.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff meetings took place on a regular basis. These included general staff meetings, management meetings and health and safety meetings. These were an opportunity to discuss and address any quality issues and help ensure improvements were made to the service. Staff we spoke with told us that morale had significantly improved within the home within recent months. They said the team now worked better together and they thought the standard of care provided was much improved.

People's feedback was regularly sought by the service. This was done in an informal basis by care staff, the activities co-ordinator, kitchen staff and the registered manager on a daily basis, as well as through more formal mechanisms.

Annual quality survey was sent to people and relatives asking them about various aspects of the service. We reviewed the results of the 2015 survey which showed the action taken to address negative comments and improve the service.

Regular relatives meetings took place and we saw these were an opportunity for people to discuss various aspects of the service including action taken in response to the Commission's last inspection visit.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered person did not have suitable arrangements in place to ensure people were treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have suitable arrangements in place to regularly assess and monitor the quality of the service provided and to identify, assess and manage risk.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed.