Innovation Health Care Ltd

Abbeydale Nursing 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

We carried out this unannounced inspection on 21 and 22 May 2018. Abbeydale Nursing Home is registered to provide residential and nursing care for up to 24 adults.

The home was last inspected on 23 and 24 October 2017; the overall rating for this service was 'Inadequate' and the service was placed in 'special measures' by CQC. We carried out this inspection to determine if improvements had been made since the last inspection.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve on the concerns we found; the provider subsequently submitted action plans to CQC on a weekly basis. We also held regular meetings with the provider, local authority and clinical commissioning group (CCG) to monitor progress and to review the action plan. Enforcement action is on-going and the outcome of this will be added to the report after any representations and appeals have been concluded.

At this comprehensive inspection on 21 and 22 May 2018 we found the provider had taken remedial action to improve some of the ratings but further work was needed to ensure compliance with all the regulations. During this inspection, we identified continued breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 regarding person centred care and good governance (three parts). You can see what action we told the provider to take at the back of the full version of this report.

Abbeydale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Accommodation is situated on two floors with access to all internal and external areas via a passenger lift and ramps. The home has enclosed grounds with car parking space to the front of the property and a garden to the rear. The home is within walking distance of Eccles town centre and public transport systems into Manchester and Salford.

There was no 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. At the time of the inspection the manager told us they had recently applied to CQC to register with the Commission.

At the time of the inspection there were 15 people using the service; eight people were receiving nursing care and seven people residential care.

People living at Abbeydale told us they felt safe and said staff were kind and caring. Staff we spoke with told

us they had completed training in safeguarding and were able to describe the different types of abuse that could occur. There were policies and procedures to guide staff about how to safeguard people from the risk of abuse or harm. The provider's safeguarding systems were effective in ensuring people were protected from abuse.

There was evidence of robust and safe recruitment procedures and there were sufficient staff on duty; staff numbers corresponded with what was identified on the rota.

Processes were in place to sustain a safe environment to aid the protection of people using the service, their visitors and staff from injury. Fire risk procedures were in place and annual fire risk assessments were followed. The provider had a business continuity plan in place.

Equipment used by the home was maintained and serviced at regular intervals. The home was clean throughout and there were no malodours. The environment was suitable for people's needs

Redecoration and improvement of the overall environment was on-going and included the replacement of carpets, furniture and equipment, such as beds and chairs. The home was also being redecorated.

Staff had access to a wide range of policies and procedures regarding all aspects of the service.

Staff now received appropriate supervision and appraisal and there was a staff training matrix in place. Staff training had improved since the last inspection but more training was needed in respect of end of life care and dementia.

Medicines were managed safely and improvements had been made to the storage of topical preparations. However, staff did not routinely record the time when 'as required' medication was given and one prescribed medicine was not being given before breakfast as recommended by the manufacturer. Audit documents assessed storage and stock used in the home but did not check the administration aspect of medicines management.

Risk assessments personal to people's own circumstances were not always evident in the care files we saw. Processes were in place to manage these risks; however, the service had failed to document these processes in each person's file.

Accidents and incidents were recorded and audited to identify any trends or re-occurrences. but not all records were up to date and some did not clearly identify the actions taken following falls.

People's capacity to make their own decisions and choices was not always documented in the care files we saw.

The home had been responsive in referring people to other services when there were concerns about their health.

People told us the food at the home was good. There was a seasonal menu in use and this was displayed within the home. People's nutritional needs were monitored and met.

People told us staff treated them well and respected their privacy and dignity. We observed positive interactions between staff and people who used the service.

When people had undertaken an activity, this was recorded in their care file information and there was a range of activities available for people to choose from.

The service aimed to embed equality and human rights though the process of person-centred care planning and people were provided with a range of useful information about the home and other supporting organisations.

The service had a complaints system in place to handle and respond to complaints and systems were in place to seek feedback from people using the service and their relatives.

Comments received from people who used the service and their relatives about the home manager were very complimentary, and everyone reported significant improvements had been made since the date of the last inspection. Comments from staff were also positive and all staff reported improvements in management since the date of the last inspection.

Regular audits were carried out in a number of areas but had not always been effective in identifying and resolving some of the issues we found during the inspection regarding care planning documentation.

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.

Medicines were managed safely.

There were safe procedures for the recruitment of staff and sufficient numbers of staff on duty.

Risk assessments personal to people's own circumstances were not always evident in the care files we saw.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Consent to care and treatment was not always recorded.

Insufficient numbers of staff had received training in end of life care and dementia.

The home worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us staff were kind and caring.

Staff attitude to people was polite and respectful and people responded well to staff interactions.

Staff respected people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Some care plans were not up to date or did not contain the latest relevant information; the process of evaluating all care plans was

on-going.

Care plans were now better organised and easier to follow.

People's care plans did not contain adequate information regarding their end of life wishes.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Audits which were carried out regularly had not identified the concerns we found during the inspection in relation to care planning information.

Staff felt the home was well-led and told us the manager supported them well and the atmosphere within the home had improved.

People were asked for their views about the service.

Abbeydale Nursing 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 checked 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.

The inspection was undertaken to identify if improvements had been made since the date of the last inspection.

The inspection took place on 21 and 22 May 2018. The first day was unannounced which meant the provider did not know we would be visiting on that day.

The inspection team consisted of two adult social care inspectors and a CQC medicines inspector.

Before the inspection, we did not request 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. Prior to the inspection we also liaised with Salford local authority safeguarding team.

During our inspection of Abbeydale Nursing Home we spoke with six people who used the service, one visiting relative, six members of staff directly involved in providing care, the manager and the provider. We also spoke with a visiting healthcare professional.

We undertook 'pathway tracking' of six care records, which involves cross referencing people's care records via the home's documentation. We observed care within the home throughout the day in the lounges and communal areas and looked at six staff personnel files.

We observed the medicines round and the breakfast and lunchtime meal. We toured the premises and looked in various rooms. We also reviewed previous inspection reports and other information we held about the service such as notifications received.

Requires Improvement

Is the service safe?

Our findings

At our last inspection the home was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not managed safely. At this inspection, we found the service had made progress with topical preparations and medicines were now managed safely. However there were still issues with records that needed to be addressed.

Medicines were stored correctly in the home. The treatment room, medicine trolleys and fridge were secure and visibly clean and tidy. Medicines stock balances were correct and records were maintained in line with legislation.

The provider had made improvements to the storage of topical preparations in resident's bedrooms since the last inspection. Records included a body map that described where and how often to apply these preparations. Records were complete and storage was secure.

We observed two residents receiving their morning medicines and this was done in a kind way that maintained the resident's dignity. Medicines that should be given at specific times to be effective were given at the right times, however one prescribed medicine was not being given before breakfast as recommended by the manufacturer.

We looked at the medicine administration records (MAR) for eight of the 15 residents in the home. Two residents did not have a photograph in the record to help identify them, however photographs were seen in their care plans. All records had the resident's allergy status recorded on their MAR and on a master sheet at the front of the MAR as a reminder to staff.

Some residents were prescribed medicines to be taken 'when required' for example, for pain relief. We saw information to guide staff that had personalised details to ensure resident's pain was managed correctly. Staff did not routinely record the time when paracetamol was given. This information would ensure a four-hour gap between doses is maintained. We saw some handwritten records for medicines in the MAR that had not had a check from a second member of staff before being administered. It is important that transcribed records are checked to reduce the risk of errors.

The management had recently updated the medication policy in April 2018 and some staff were yet to read the document. A new monthly audit document had been introduced in April and we looked at two completed records. The document assessed storage and stock used in the home but did not check the administration aspect of medicines management. This meant the issues we found at the inspection would not be captured by this audit process. The provider gave us assurance that the process would be improved.

Risk assessments personal to people's own circumstances were not always evident in the care files we saw. We found the absence of a risk assessment in one person's file in relation to the management of their diabetes. We looked into this in detail during the inspection and determined that processes were in place to manage this risk and staff were fully aware and managing the situation well, however the service had failed

to document these processes in the person's file.

A second person had been identified during their initial assessment to have fluctuations in their mental health which could increase their personal risks. However, despite this being captured at assessment this detail was not captured in the person's care file in the form of care plans or risk assessments. We did determine staff were aware of this.

People living at the service had nutritional risk assessments and care plans in place and information on special diets was displayed in the kitchen. We saw diet and fluid charts were in place for people who required monitoring in these areas, however in two people's files we saw a lack of information detailing the requirement for the fortification and thickening of their drinks in their care plans and diet notification records. We ascertained people were receiving the correct diet, but accurate records regarding the risks associated with the fortification and thickening of drinks had not consistently been maintained.

These issues meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

At our last inspection we found the provider's safeguarding systems had been ineffective in ensuring people were protected from abuse and this was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safeguarding. At this inspection we found the provider had taken action and was now meeting the requirements of this regulation. Statutory notifications were now submitted to CQC as required and safeguarding referrals were being made to the local authority.

Staff we spoke with had a good understanding of safeguarding processes. One staff member said, "I've done safeguarding training and types of abuse could be not receiving medicines on time, not involving people in discussions about their care or neglect. I would follow the safeguarding process and policy and if I was concerned about the manager I would tell the provider; I've also done whistleblowing training."

People we spoke with told us they felt safe living at Abbeydale. One person said, ""It's okay here and I am definitely safe; they always look out for me." A second told us, ""I used to be on much more medication, but it's been reduced. I'm not sure what it is I take but I know what it's for; they always make sure I take my tablets three times a day." A visiting relative commented, "We feel that [relative name] is very safe here and she feels safe here now as well. She's had one fall getting out of bed since she got here but that's a while back."

At our last inspection we found the recruitment and selection policies and procedures were not being followed and appropriate checks were not in place prior to new staff starting work at the service. This was a breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, fit and proper persons employed. At this inspection we found the provider had taken action and was now meeting the requirements of this regulation.

We sampled five staff files for nurses and care staff. All had appropriate recruitment records including proof of identify and address, at least two references, completed application forms and a disclosure and barring service (DBS) check. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. This demonstrated the manager had followed safe staff recruitment practices. The provider held a record of relevant nurse pins and DBS numbers and told us a structure was now in place to check these every three months.

We checked staffing levels to ensure there were enough staff on duty to safely meet people's needs. Staffing

levels corresponded with the rotas we were provided and we saw some 'bank' staff were still being used; however, the same bank staff members were used to ensure familiarity and continuity for people who used the service. When calculating staffing levels the provider assessed people's dependency levels at the point of initial assessment and when reviewing care plans. This enabled the calculation of the required amount of staff needed during the morning, afternoon and night.

We observed staff during the day using hoists and mobility equipment and we saw they used them effectively and were always very reassuring to the individual being assisted throughout the process.

Processes were in place to sustain a safe environment to aid the protection of people using the service, their visitors and staff from injury. Risk assessments which included the internal and external environment were in place and considered areas such as the control of substances hazardous to health (COSHH), stairs and stair lift, electrical safety and smoking. Equipment such as kitchen and bathroom aids, hoists and lifts were serviced by an external agency and were being managed appropriately. The service employed a maintenance person whose duty was to ensure the environment was safe and fit for purpose.

We saw the service had fire risk procedures in place and annual fire risk assessments were followed. People had personal emergency evacuation plans (PEEPs) in place; we found these contained the information necessary to assist with a safe evacuation of the premises.

Accidents and incidents were recorded appropriately including the name of the person concerned, the staff name, the date and time of the incident, details of what happened and if any injury was sustained, the action taken to avoid a reoccurrence. A tracker sheet was used and the provider carried out audits of any accidents and incidents every quarter. We saw that people had been referred to the falls prevention team where appropriate and necessary.

The provider had a business continuity plan in place. The aim of this plan was to set out the procedures and strategies to be followed in the event of a disruption affecting the ability of the home to deliver services as usual. It considered areas such as the minimum levels of staff required to still enable the provision of safe care to people, accountability and roles of key staff, responsibility and authority.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the service had failed to reach an acceptable standard of governance; the statements made in the action plan submitted to CQC were not reflective of what we found during the inspection and we were unable to determine if end of life (EOL) care training had been provided because no records of this training were given to us.

At this inspection we were able to determine these records were now in place, however not all staff had received training in EOL care. Although we have now found the provider to be compliant in this area, we have made a recommendation around staff training. in addition to this we found the provider to be in breach of a different part of this regulation. this is in relation to the lack of consent to care records in people's files.

Also at previous inspection we found the service to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. this was because staff had not received appropriate induction, support and supervision with their line manager. At this inspection we found the provider had taken action and was now compliant in this area.

People's care files lacked consent documentation; in particular when the person was not able to informatively consent for themselves. Although we saw examples of staff seeking consent and offering choices throughout the two days of inspection we noted the care and treatment provided to the person and their consent to this was not captured.

This is a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Service induction training was now offered to staff prior to working independently. This included a three-day induction period followed by a period of shadowing which allowed each new member of staff to work 'in addition' to the normal care team on the rota; the staff members' basic learning and training was then completed and they were familiar with people using the service and their individual needs before they were integrated into the team.

Staff we spoke with told us they were subject to recruitment checks and had completed a period of induction at the start of their employment. One staff member said, "I had an induction at the beginning and this included mandatory training like health and safety, infection control, moving and handling. I read policies and procedures and shadowed other staff shifts until I was competent."

We looked at the staff training matrix and found staff had attended additional training since the last inspection including, manual handling, infection control, safeguarding, MCA/DoLS, fire safety and medication. Staff training had therefore improved and at the time of the inspection additional training had been requested to include first aid training, scheduled for completion in May 2018 and dementia training

planned for June 2018. 17 out of 24 staff had now completed MCA/DoLS training and 16 staff had completed food hygiene training.

We recommend that the service finds out more about training for staff, based on current best practice, in order to ensure the end of life care needs of people living at the home and the specialist needs of people living with dementia are met.

The manager showed us evidence of a staff supervision matrix which clearly identified a plan to ensure staff received supervision and oversight. We noted this process had ensured all staff received a session in line with the service policy. The manager added, "Currently I am carrying out more supervisions than is actually needed, eventually I will reduce the sessions in line with our current policy." We looked at a sample of these sessions and noted they covered areas such as safeguarding discussions, falls management, thickening agents for people's fluids and career progression. Staff we spoke with confirmed they now received regular supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 or authorisations to deprive a person of their liberty were being met. The manager and staff were aware of such restrictions and showed a good understanding around the principles and when to submit an application to the local authority. The manager had a system in place to identify when new authorisations were required.

We observed meals and drinks being provided to people either in the lounges or in their bedrooms. People received a balanced diet and we noted people were given a choice of foods during the day. We observed a meal time experience, each of the dining room tables were set with tablecloths, placemats and a vase. All the staff wore protective plastic aprons. Each person was asked if they wanted to eat in the dining room and people who couldn't communicate were shown a handwritten sign to ask if they wanted to go into the dining room. All people who chose to eat in the lounge had a small table placed in front of them.

Malnutrition Universal Screening Tool (MUST) assessments had been completed in the care files we looked at. This enabled staff to closely monitor people's nutritional status and respond accordingly. We also saw people were weighed either weekly or monthly dependant on their need; this enabled staff to identify if any further action was required.

We asked people what they thought about the food and comments included, "The food's very good. I don't like liver so when that's on they always do some sausages for me instead. I was only (weight supplied) when I came, and I've put weight on. Everyone says I'm looking much healthier," "The food's okay," "The food's alright; I'm having (selected option), I didn't like the others," "I like the food," "I have my breakfast early, just bran flakes because I like bran flakes. I have it in my room which is nice; I can come down for it if I want to though."

We tracked one person's journey in terms of their skin integrity. We noted this person was assessed as requiring specialist pressure relieving equipment due to health issues. We reviewed the information detailed in the person's care plan and followed this through to determine if the person was receiving the equipment, care and pressure relief assessed. We were able to satisfy ourselves that this person was receiving care and support in line with their assessment. Health professional referrals had also been made when required and follow up appointments had been adhered to.

We observed people returning to their rooms without restriction over the two days of inspection. Staff received training in equality, diversity and human rights. The manager told us a private room was made available should a person wish to meet the clergy of their chosen denomination. At the time of inspection there was no person using the service who had an alternative life style preference.

Equipment such as bath aids, hoists and lifts were in place to ensure people were able to move around the building freely and access the bathroom facilities with or without the support from staff.

Redecoration and improvement of the overall environment was an on-going process and included the replacement of carpets, furniture and equipment replacement, such as beds and chairs. The home was also being redecorated.

Good

Is the service caring?

Our findings

At our last inspection we found consideration needed to be given to the design of the overall environment. At this inspection we found the environment had been re-designed and lounges no longer adjoined each other; this now gave people a choice of two separate and distinct lounges to sit in, in addition to a third lounge which was often used for meetings and activities.

We observed care in the home throughout the day and interactions between people who used the service and staff members. Conversations were of a friendly nature and staff attitude to people was polite and respectful. There was now an increased staff presence in the lounge areas which ensured the continuity of oversight of people.

We saw staff promoted people's independence by assessing how much a person could do for themselves and allowing them to take part as much as possible, for example at mealtimes or when being assisted to mobilise.

We observed staff called people by their first names or preferred names. During informal conversations with us, staff spoke about individual people and had knowledge of their backgrounds, likes and dislikes, as well as their current individual needs and behaviours. We observed staff made time to sit and chat with people during the day and interact with them on an individual basis.

We observed staff interacting in an informed and positive way with all people using the service. People responded well to this; the staff and the manager spoke to people by their first names and were aware of each person's preference on how they liked to be addressed.

Staff took the time to check on people's welfare, for example as people got up in the morning staff asked them if they were well and if they would like a drink prior to breakfast. We also observed staff explaining to people the reason for our visit so they would not become alarmed or distressed by our presence.

We asked people if they felt staff were kind and caring. Everyone spoke about the staff being very kind, friendly and caring and always there for the people who used the service. Comments included, "The staff are very nice; they're very kind and friendly too," "The staff are alright, very friendly and chatty," "Staff are fine; they're always around for us," "The staff are lovely," "The staff seem to be very caring so far.," A visiting relative commented, "[Relative name] is always happy with the care she gets."

During our inspection we looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the provider had policies and procedures covering advocacy, dignity and privacy, safeguarding, end of life care, communication, whistleblowing, residents' charter of rights, equality and diversity, privacy and dignity and equal opportunities. These policies gave guidance to staff on how to ensure that people lived in an environment where their diversity was celebrated and respected and where they could live free from discrimination and prejudice.

Staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not provide a programme of meaningful activities for people. At this inspection we found the service was now complaint in this area; however, we found the provider to be in breach of a different part of this regulation in relation to end of life care.

People's care plans did not contain adequate information regarding their end of life wishes and plans for end of life care were not consistently recorded, which meant people may not receive essential support in accordance with their preferences and choices. Additionally, negative feedback was received during the inspection from a visiting professional regarding the recent timeliness of referring a person to them who was nearing the end stages of their life.
The service failed to ensure plans were in place so that people were empowered to make decisions about their end of life wishes.

This was a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

We looked at how people's human rights were being respected and spoke to staff about their understanding of this. We noted people's care files considered people's rights and needs and people told us they felt these were being respected. Staff gave examples of how they ensured people were treated fairly and their lifestyle choices always honoured. Staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as safety, choice and personal preferences in a person-centred way.

During the two days of inspection we observed people participating in various activities. An activities programme highlighted a number of activities now took place. We noted people had recently been involved in sensory activities, games afternoon and talking newspapers. On the first day of the inspection people enjoyed an artist who engaged them and encouraged singing and dancing, which people enjoyed.

The atmosphere was pleasant throughout the two days of inspection; staff sat with people and spent time with them and some people were being supported into the garden to enjoy the sun and an ice cream. We saw sun cream was provided to people prior to going outside.

Pre-assessments were undertaken prior to a new admission being accepted. This assessment looked at areas of the person's specific needs such as the person's wishes and feelings, background, perceived historical and current risk, aims and goals. In addition the local authority (LA) supplied the service with a support plan which detailed their assessment of the person. The LA support plan was used to inform care plans along with the input from the person and their relatives, where required.

People's care files contained documents in the form of care plans. These care plans covered a varied

number of areas such as communication, skin integrity, dementia, sleeping and personal hygiene. Staff gave detailed accounts of the people they supported and were knowledgeable around people's individual needs. Care plans we sampled were in date and reviewed.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers/staff and relatives, where those needs related to a disability, impairment or sensory loss.

There was a complaints policy in place and informal complaints were also captured. We observed an area at the reception of the service was designated to hold complaints forms. This ensured people could easily identify and access the paperwork should they require. The manager told us there had been no formal complaints received directly to the service since she had been in post, therefore we were unable to look at how the service managed individual concerns under the new management structure. We did however note a log of informal complaints was in place with associated remedial actions identified.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the service had failed to assess, monitor and improve the quality of services provided and mitigate the risks relating to the health, safety and welfare of people who used the service. This domain was rated as inadequate.

Following the last inspection, the provider identified the action they intended to take to make improvements, with action plans being submitted to CQC each week, however at this inspection although significant improvements had been made we found more work was required to fully meet the requirements of this regulation.

The process of improving the quality of audits and governance was a 'work-in-progress' and more up to date and precise documentation in some people's care files was still required. We saw examples of missing documents in people's files; there was currently no impact in relation to this as we were able to determine that appropriate measures were being taken by staff on a daily basis, however some people's files lacked the audit trail of this support taking place.

We found that although significant positive progress had been made since the date of the last inspection and a system of auditing had now been established, audits had not identified and resolved the issues we found with risk assessments, the provision of fortified drink supplements, person centred care and consent.

These issues meant there was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

At the time of our inspection there was no 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 previous registered manager had left the service in January 2018 and another manager had taken up post in post in February 2018; they told us they had recently started the process of registering with the Commission. The manager told us they were fully aware of the last CQC report and it was their intention to remain at the home and improve the quality of services provided.

Day-to-day clinical and operational leadership of staff had improved and there was now a clearly defined set of responsibilities for the provider and manager. A lead nurse had now been appointed for overseeing nursing care planning and a lead carer for residential care plans had also been identified. The manager understood their responsibility in submitting statutory notifications to CQC and a log of notifications was kept.

The manager's office had been relocated since the last inspection and was now adjacent to the lounge areas and dining room which meant they now had a better moment by moment oversight of the service. If

staff required advice and support from the manager they now had easy access to them meaning they would not now be taken away from the area in which they were working, which was a problem at the last inspection. Although the manager had not been in post for a long time we found they had a very good knowledge of each person using the service and were able to answer questions about them without needing to ask other staff of refer to care file information.

Staff we spoke with told us management were now more visible in the home and said management supported them well. Our observations throughout the inspection supported this view and we saw all the management team were involved in supporting and advising staff and people who used the service. The manager displayed a positive approach throughout the inspection when accommodating our requests for information and answering our questions and we found the appointment of an experienced registered manager was making a positive difference to the quality of care provided.

We asked staff about their opinions of the manager, one staff member said, "I feel things are getting better, everyone is working better together and the manager is approachable. Paperwork is now being updated and I'm now more involved in care planning than before. Staff meetings are happening as well as supervisions; we are all wanting to do our best." A second told us, "I'm feeling much more positive now and we are working more closely together as a team. So far the manager has been good and she is available because she is now based on the floor; she speaks to residents every day and always makes an effort to help you."

We asked people about their opinions of management. One person said, "There's been a big difference here over the last six months particularly with the improvements to the décor." A second person told us, "When I came, they asked what I liked, and the new manageress has been round making a list of our likes and dislikes; she's very nice and brings me grapes and tangerines in."

We saw the ratings from the last inspection were displayed in the home.

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 9 HSCA RA Regulations 2014 Person-centred care The service failed to ensure plans were in place to ensure the people were empowered to make decisions about their end of life wishes. Regulation 9(1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service failed to assess, assess, monitor and improve the quality and safety of services provided and mitigate the risks relating to the welfare of service users. Care files also lacked documents around consent. The service had also failed to evaluate and improve their practice; audits had not identified the issues we found with risk assessments, the provision of fortified drink supplements, person centred care and consent. Regulation 17 (1) (2) (b) (c) (f)