Shirwin Court Residential Care Home

Shirwin Court Residential Care Home

Inspection report

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Tel: 01214202398

Date of inspection visit:
13 December 2016

Date of publication:
01 March 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 13 December 2016 and was unannounced. The service was previously inspected in January 2016. During that inspection breaches of legal requirements were found. The issues identified that the registered provider did not have suitable arrangements to ensure the proper and safe management of medicines and did not have effective systems in place to assess, monitor and mitigate the risks to health, safety and welfare of people who used the service. In addition the registered provider did not ensure that the care and treatment of service users was always provided with the consent of the relevant person. There were ineffective systems in place to monitor the quality of the service. After the inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Whilst we found that some improvements had been in some areas, further improvements were needed to ensure compliance with regulations.

The registered manager was present during our inspection. 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 management of infection control and prevention and the cleanliness of the environment did not protect people from the risk of harm. Staff knew how to protect people and reduce risks associated with their specific conditions but this information was not always reflected in people's care records. In some areas of the home the environment would be safer if the removal of clutter were improved. Staff were not consistent with their explanations of the fire procedure. People living at the home told us that they felt supported by staff to keep them safe. Staff had a good working knowledge of how to report any potential safeguarding concerns.

Staff told us that they had received most training required in order to meet the needs of the people they supported. People told us they were offered a choice of meals, but the menus provided were repetitive and lacked variety. People were supported to access healthcare professionals but some records lacked sufficient guidance to ensure people's health needs were consistently met.

People spoke to us about how genuinely caring and kind staff were towards them. We observed some caring and compassionate practice and staff demonstrated a positive regard for the people they were supporting. People told us they felt involved in decisions about how they wanted their care and support provided and felt listened to. Assessments had been completed to determine people's capacity to make certain decisions. People said that the staff who supported them maintained their privacy and dignity. People told us that they knew how to complain.

People told us that they were involved in the planning of their care but had not been involved in reviews. Some people and their relatives told us that activities at the home were limited and people were not

supported to access their local communities as much as they wanted. There was little evidence to demonstrate how the provider ensured appropriate support and stimulation for people who lived with dementia. We recommend that the service explores the relevant guidance on how to make environments more 'dementia friendly' and how to provide meaningful stimulation to people who live with dementia.

We found that whilst there were some systems in place to monitor and improve the quality and safety of the service provided, these were not always effective in ensuring the service was consistently improving and compliant with the regulations. Feedback received had not been analysed to identify trends and to prevent re-occurrence of negative experiences for people. People spoke positively and with warmth about the caring and supportive nature of the registered provider.

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 always safe.

Arrangements and some practices in the home failed to ensure that people were fully protected from the risk of infection and harm.

Staff were inconsistent with the action to take in the event of a fire.

People were protected from potential abuse by staff who understood their roles to report safeguarding concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff told us they had received most of the key training they needed.

Staff sought people's consent before providing care and support but some lacked the knowledge and understanding of the Mental Capacity Act (2005).

People told us they were offered choices of meals but menus lacked variety and were repetitive.

Is the service caring?

Good

The service was caring.

Staff had positive caring relationships with people using the service.

People told us staff were kind, respectful and caring and that they felt listened to about the decisions they made about their individual lives.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There were limited activities for people to become involved in and the environment and stimulation provided did not meet the needs of people who lived with dementia.

People told us they were involved in the planning of their care but did not contribute to their reviews. People told us that that staff knew their individual preferences well.

People told us they knew who to complain to but improvement was needed to ensure the complaints procedure was accessible to all.

Is the service well-led?

Requires Improvement

The service was not well-led.

Some quality assurance systems were in place but some records and audits required for the effective running of the home were not completed or in some instances had failed to identify issues.

Staff we spoke with felt valued and supported and were able to seek advice at any time of the day.

People, their relatives and staff spoke positively about the approachable and supportive nature of the registered provider.

Shirwin Court Residential 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 13 December 2016 and was unannounced. The inspection team consisted of one inspector 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 service.

We asked the local authority and Health Watch if they had any information to share with us about the care provided by the service. As part of our inspection we also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During the inspection we met and spoke with four of the people who lived at the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with three relatives of people and one visiting health professional during the inspection. In addition we spoke with the registered provider, the deputy manager and four members of care staff.

We sampled some records including four people's care plans, the medicine management processes and the providers systems for staffing, training and for the monitoring and improving the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 25 January 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection we had found that the provider had not assessed the risks to the health and safety of people using the service and had subsequently not done all that was possible to mitigate any risks that were known or identified. In addition the provider had not ensured the proper and safe management of medicines. At this inspection in December 2016 the registered provider was able to demonstrate how they had met their action plan and the breaches of regulation identified during our last inspection. However further improvement is needed in other areas.

People were not protected from the prevention and control of infection. The protective coatings on some furnishings were worn and were no longer water resistant. These surfaces would require frequent cleaning and could be subject to the spillage of liquids. This could harbour and spread harmful bacteria. Equipment required for the safety of people was not effectively maintained and fit for purpose.

Relatives we spoke with expressed concerns with the cleanliness of the environment. One relative told us, "Cleaning is basic and the curtains and windows are dirty." Discussions with the registered provider identified that there were no dedicated housekeeping staff and care staff were responsible for undertaking cleaning of the home. Staff we spoke with said they were not aware of the service having a dedicated infection control lead in accordance with the provider's legal requirement to offer expert advice and guidance to minimise the risk of infections in the home. Discussions with the registered provider identified that staff could raise any infection control concerns to them and they would address these. The registered provider advised us that they would address this with the staff following this inspection. We were informed that most of the cleaning tasks were undertaken by night staff who had a schedule of tasks to complete. We saw that the floors in the kitchen were dirty. The toilets and bathrooms were not being maintained to an acceptable standard. We found that some sanitary wear was dirty and poorly maintained. There was no evidence that routine thorough cleaning was undertaken and there was no schedule of routine cleaning in place to ensure all areas of the home were subject to routine cleaning. Staff that we spoke with confirmed that they had access to personal protective equipment and hand washing facilities. We observed this on the day of the inspection. The registered provider advised us of their intentions to consult with the environmental health inspector following this inspection.

We found that the provider had not protected people against the risk of poor standards of hygiene and infection control. This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the importance of reporting and recording accidents and had received first aid training. Staff we spoke with provided explanations of how they would support people in some potential harmful situations such as choking or when they were at risk of harm to themselves or others. We spoke with care staff about the procedures they needed to follow in the event of the fire alarms sounding. We received mixed comments from staff about the location of the fire assembly point and the procedures to follow. The registered provider advised us that they had developed personal emergency evacuation plans for people

living at the home which identified the number of staff and equipment that would be required to evacuate each person safely. However these had not been shared with the staff. The registered provider told us that this would be rectified.

Arrangements to manage the environment did not always protect people from the risk of falling. We found it necessary to intervene and save a person from falling when they attempted to sit on a portable table that had been left in the midst of the lounge as there was no suitable space for it to be situated. We also saw lots of clutter within the communal areas and bathrooms and no assessment had been undertaken to identify issues which may have represented a risk to people as they moved around the home; some of the people in the home had poor vision and some people were living with dementia.

People told us that they trusted the staff who supported them. One person said, "They [the staff] help us with everything. That's why I'm safe." Relatives we spoke with told us they were confident that their loved ones were safe. Staff we spoke with demonstrated a good awareness of their responsibilities in respect of safeguarding people. Staff were able to describe the signs and symptoms of potential abuse and told us when they should escalate concerns and to whom. Discussions with the registered provider identified that when an incident had occurred they had informed the appropriate authorities and took prompt action to protect the person from the risk of further harm. People were protected from the risk of abuse.

The registered provider had completed assessments for managing individual risks to people's health, physical and emotional well-being. However, we saw on one person's care records that they had been assessed as requiring the support of one member of staff for their personal care needs. We saw that two members of staff supported the person which conflicted with the guidance within the person's care records. We spoke with staff and they all confirmed that two people were required. We brought this to the registered provider's attention who advised us that the risk assessment record would be rectified immediately.

People who used the service told us that they felt there were sufficient numbers of staff on duty to meet their needs. One person told us, "There is enough staff. You have a buzzer in your room but I've never had to use it." Relatives we spoke with gave mixed responses about whether they felt there were enough staff in the home. One relative told us, "I don't think there's enough [staff]. When we go on a Saturday, there is only ever one member of staff in. I think someone else comes in just to do the lunches." On the day of our inspection we saw that the two members of staff on duty responded promptly to people's requests for support. We looked at the previous four weeks rosters for the home and staffing levels were consistent and reflected the support people required in their care plans. The staff we spoke with told us that they were happy with the current staffing levels. A member of staff said, "There are enough staff for the people who live here. Most are quite independent. " The registered provider told us that they reviewed staffing levels based on the dependency needs of people. They told us, "There are currently only eight people living here most are independent and require limited support."

Systems in place for recruitment of staff were sufficient to show people living at the home were protected. We looked at the recruitment files for two staff members. We saw that new employees were appropriately checked through recruitment processes which included obtaining references and checking people with the Disclosure and Barring service (DBS) to identify if they posed a risk to people who lived at the home.

At our last inspection in January 2016 we identified that improvements were required to the safe management and administration of medication. We found that the Medicine Administration Records and systems were not clear and safe. The system in did not identify what specific tablets were being administered by staff and there was no record of what amount of medication was being stored. In addition we noted that the temperature for the storage of medicines were not being monitored or recorded.

At this inspection in December 2016 we found that medicine records were detailed and confirmed that people had been supported to take their prescribed medicines. People told us that they received their medicine on time and the way they liked it. One person told us, "[name of registered provider] or the staff give me my tablets morning and night. I generally get them at the same time." We found that in general medicines were suitably managed with good ordering, administration and disposal of medicines. We reviewed the Medicine Administration Records (MAR) for one person who was having prescribed creams and lotions applied to their body. We found that records of where the creams were being applied were not in place. Most medicines were stored safely although we noted that the medication fridge did not have a lock on it and did not have the facility to check that temperatures were correct. Internal medicines audits carried out weekly had not identified these issues. Staff that administered medicines had received training and had regular competency checks completed.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 25 January 2016 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not act in accordance with the provisions of the Mental Capacity Act 2005. At this inspection we found that these issues had improved and regulations were being met.

People who we spoke with told us that the service was meeting their needs. One person told us about a condition they were living with and said "Before I came here, I was in hospital; with my [medical condition] but not since I came here. They [the staff] help me when I have a down time."

We spoke with people who lived at the home and their relatives about the ability and knowledge of the staff employed at the home. One person said, "Staff know me well and how to support me." Relatives spoke positively about the abilities of the staff who provided care and support to their loved ones. One relative told us, "Staff are very good. [name of person] is much more contented now he is living here." The staff that we spoke with told us that they received regular training in key areas such as moving and handling and food safety. Some staff told us that they had not received training in specific health conditions such as mental health and dementia. This meant that people were at risk of being supported by staff who may find it difficult to understand their specific care needs.

Staff spoke positively about the direction and guidance they received from the management team. A member of said told us, "[name of the registered provider and deputy] are always willing to listen to us. They are very approachable." This provided staff with an opportunity to reflect on their practice and identify how they could improve the support they provided to people. Discussions with the registered provider identified that although they observed staff interacting with people they did not conduct formal assessments in the workplace to identify if staff had the required competencies to meet people's needs.

Staff we spoke with told us that they received an induction programme when they first started to work at the home. A member of staff we spoke with told us, "During my induction I did various training courses on-line and shadowed other staff." Whilst staff were provided with induction training when they commenced working in the home, the induction was not up to date. The provider had not yet introduced the Care Certificate [a nationally recognised induction programme for new staff] that should be completed for staff who are new to the care sector.

Staff we spoke with told us that communication was effective within the team. We saw and records confirmed that handovers were an important part of the running of the home to make staff aware of how to meet peoples latest care needs. The provider had suitable management on-call rotas in place to support staff when they required advice and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At our last inspection some people were being supported contrary to the MCA; however we saw this had improved. When necessary the registered manager ensured that the rights of people who were not able to make or communicate their own decisions were protected. Care records identified that the MCA principles had been followed when decisions were required to be made in people's best interests.

The majority of staff that we spoke with had limited or no knowledge of the MCA and what it meant for people they were supporting. However, we saw that staff gained people's consent before they supported them with care. For example, we saw a member of staff asking a person discreetly if they would like assistance with their personal care. Discussions with the registered provider indicated that they would provide additional training and support to staff to assist them in their understanding of the MCA law and principles.

One person's end of life plans recorded that they did not want to be resuscitated if they were unresponsive to immediate lifesaving treatment. We noted that the appropriate documentation had been completed and was available in the person's care plan. However, all the staff we spoke with were not aware of the person's expressed instructions. This meant that the person's wishes may not be respected. The registered provider advised that this concern would be rectified immediately and all staff would be informed.

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. Discussions with the registered provider and a review of people's care plans confirmed no DoLS applications were necessary.

People we spoke with told us they were offered choices at meal times. One person told us, "[name of registered provider and deputy manager] know what we like. My favourites are corned beef hash and cottage pie." We saw that the menu was not displayed to enable people to make decisions or to inform them what they were eating. There was no designated cook at the home and we were told that the deputy manager prepared most of the meals. We found that the planned menu was not always followed and on some days the choices were repetitive and lacked variety.

We saw that meal choices reflected people's cultural preferences and staff we spoke with could describe people's individual eating and drinking preferences. They knew who had risks associated with eating and drinking and how they needed to have their foods prepared so people could enjoy their meals safely. We observed snacks and drinks were provided between meals throughout the day to prevent people from becoming hungry or thirsty.

Whilst some people were resistant to being supported and refused staff support, staff responded respectfully and accepted this was the person's choice. We observed one person refusing lunch and staff told us this was a frequent occurrence and that they would offer the person a meal later in the afternoon. This meant support was provided to help people eat enough to meet their needs.

People who we spoke with told us that they received all of the help they needed to see their doctor and other healthcare professionals. One person told us, "You tell them [the staff] if you are poorly. They get in touch with the doctor and they either take you or the doctor comes here." A relative said, "[name of person] health needs are met. The staff always communicate with me." We saw people's records showed regular and prompt contact with appropriate healthcare professionals when needed. Two relatives told us that both

their loved ones had experienced a specific condition. One relative told us they were happy with the way the staff had dealt with the issue. However the other relative told us how they had to prompt the staff to seek further advice.

We saw that people's weight, diet and fluid intake was monitored appropriately when needed. However, we found that some risks to people's health conditions were being managed in day to day practice but had not always been identified in records. For example, the skin integrity records of three people who were at risk of developing pressure sores had not been fully completed with the relevant information to protect them from the risks presented by this condition. We also saw that one person's care records did not contain sufficient information for staff about another specific health condition. Staff we spoke with were not aware of the medical emergencies that could arise if the person's condition deteriorated and how to monitor their progress. The registered provider agreed to update the care plan with specific guidance for the staff. This would ensure the person received the support they needed in the event of a health emergency.

Good

Is the service caring?

Our findings

We spoke with people and their relatives about the standards of care being delivered and the kindness shown by the staff who work there. The provider stated in the provider information return (PIR) 'People who use our service and their families say that our staff team are rated as excellent in respect of their caring attitude.' All the people we spoke with had a positive view of the caring attitude of staff. One person told us, "They [the staff] let us take our time. They are very kind that way." A visiting relative said, "Staff are approachable and friendly. They are lovely and it's a relaxed atmosphere." A health professional told us that there was a good ethos of care in the home.

We observed some kind and caring interactions and genuine affection between staff and people in the home. We saw staff were friendly and patient when providing care for people. Staff we spoke with were able to tell us people's likes and dislikes and knew how they liked to spend their days.

People we spoke with told us that staff respected their choices and that they were consulted about decisions regarding their care. One person told us, "I make my own decisions and staff respect this". Another person said, "I go to bed when I want to and like to get up early. I choose what to wear." A relative we spoke with said, "Staff support [name of person] to choose what he wants to eat and do." We saw this was respected. Staff we spoke with had a good appreciation of people's rights to make decisions about their daily lives. A member of staff told us, "People living here have the rights to make their own choices and decisions and to say they are not happy."

We saw that overall staff promoted people's dignity and consistently showed them respect when providing care and support. One person told us, "They [the staff] knock on your door to make sure you are okay. They are kind." However, one relative told us that there had been occasions when their loved one was not dressed in their own clothes. This had compromised the person's dignity.

Some people living at the home shared a bedroom and staff recognised the importance of promoting and protecting people's private space. The registered provider had made some arrangements to enhance people's privacy in shared rooms by use of privacy curtains around beds and washing facilities in these bedrooms. All the staff we spoke with told us that they always use the privacy curtains to maintain people's dignity.

People's independence was promoted. People were able to move around the home independently when able and could access their bedrooms when they wanted to. We saw there was access outside to gardens and one person used this area regularly and independently when they wished. At lunchtime we saw one person helped to lay the dining tables and it was apparent it was something the person enjoyed doing.

People we spoke with told us that visiting times were flexible and that staff made visitors feel welcome. One person told us, "My son visits weekly. There are no restrictions." A relative said, "I called in every morning when [name of person] first moved in. I was always made welcome." Staff knew it was important and helped people to keep in contact with those who they cared about.

Requires Improvement

Is the service responsive?

Our findings

We saw that staff had consulted with people about the practical assistance they wanted to receive. This information was recorded in a care plan for each person so staff would know how to support people in line with their wishes. We received some mixed comments from people and their relatives about their involvement in the reviewing of their care plans and ensuring their views are accurately represented. One relative told us, "I've had a quick glance at the care plan but we haven't done a review." Whilst we saw that care plans had been reviewed, we were unable to establish who had been involved and what had been discussed in that review. Therefore staff could not be certain that care plans contained sufficient guidance in how to support people in line with their most recent wishes

We saw that staff knew people well and knew what people liked. Most staff were able to give detailed explanations about people's needs as well as their life history, occupations or interests they engaged in before moving into the home. One member of staff told us about the interests of one person and what their career had entailed and said, "[name of person] often likes to talk about their lives and the places they visited….and I like to listen."

There was a mixture of opinions about involving people in activities and pastimes they found meaningful. Staff shared responsibility for providing activities for people to do. One person told us, "We watch the television together and then [name of manager] comes and sits with us. We play bowls and catch the ball after dinner." Another person said, "I like my music, there is nothing else to do." Some people told us that they would like to go out more. This was also shared by some of the relatives we spoke with. Some told us that they felt more could be done by the provider to take people out into their local communities.

We saw there were limited opportunities for people to get involved with activities until after lunchtime. We saw there was not much available in the home that would provide people with items to focus on. For example tactile objects that people may be able to pick up and use. While we saw an activity schedule on the wall there was limited variety in the choices. More variety may have been beneficial to keep people interested.

On the afternoon of our visit we saw staff engaging and interacting with people and encouraging them to take part in group lounge activities. We saw people playing a game of skittles, one person playing dominoes and a person listening to relaxation music. A group of people and a visitor were watching television and reminiscing about old comedy shows. This generated a lot of interaction and stimulation. One relative told us, "In the summer the manager helps the residents to plant seeds and grow vegetables."

We saw that staff had consulted with people about the practical assistance they wanted to receive. This information was recorded in a care plan for each person so staff would know how to support people in line with their wishes. We received some mixed comments from people and their relatives about their involvement in the reviewing of their care plans and ensuring their views are accurately represented. One relative told us, "I've had a quick glance at the care plan but we haven't done a review." Whilst we saw that care plans had been reviewed, we were unable to establish who had been involved and what had been

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We saw there were limited opportunities for people to get involved with activities until after lunchtime. We also saw that there were only limited activities or things to do for people who were living with dementia. While we saw an activity schedule on the wall there was limited variety in what was provided. More variety may have been beneficial to keep people stimulated.

On the afternoon of our visit we saw staff engaging and interacting with people and encouraging them to take part in group activities in the lounge. We saw people playing a game of skittles, one person playing dominoes and a person listening to relaxation music. A group of people and a visitor were watching television and reminiscing about old comedy shows. This generated a lot of interaction and stimulation. One relative told us, "In the summer the manager helps the residents to plant seeds and grow vegetables."

Our discussions with the registered provider indicated they were not up to date with best practice in regards to responding to the needs of people living with dementia. For example, all doors including bedrooms were the same colour with no dementia friendly signage displaying where bathrooms and personal rooms were. We saw in care plans for two people that health professionals had identified that more stimulation would help people with managing their anxiety. However, there was no evidence that this recommendation had been actioned. We discussed this with the registered manager and they told us this was something they were already reviewing.

We recommend that the service explores the relevant guidance on how to make environments more 'dementia friendly' and how to provide meaningful stimulation and occupation to people who live with dementia.

People were supported to maintain relationships with people who mattered to them most. One person told us, "I go out with mates when I want to." A relative said, "I can ring [name of person] whenever I need to."

People we spoke with were aware of how to make a complaint. One person said, "If I had any concerns I would speak to [Name of registered provider and deputy manager]." Relatives told us they were confident that the registered provider would deal with any complaints they raised. One relative we spoke with told us, "The managers are always there and if I had any concerns I could easily tell them; they are very approachable." We saw that where complaints had been raised they had been recorded and responded to appropriately. However, systems were not in place to help the provider learn, analyse and develop the service from the outcomes of complaints.

We noted that the complaints procedure had not been reviewed for some time. The complaints process was not available in different formats to meet some people's specific communication needs and was not on display for people to refer to. This may restricts people's right to access a formal complaints process.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 25 January 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not have robust systems in place to monitor the quality of the service. We found the provider had not made the improvements required for good governance and remained in breach of this regulation.

The registered provider had not taken effective action to respond to all the issues raised at our last inspection. The registered provider had started work to address the areas of development as identified in their action plan. For example, obtaining consent and improving medicine management. The registered provider acknowledged that some actions were still outstanding or had not been completed as planned. Systems to monitor and improve the quality of the service were still not robust. Their audits and systems had not been effective in identifying the actions that were needed to improve the quality and safety of the service provided. Audits had not identified that the management of infection control and some aspects of cleanliness needed to be improved to enhance the environment. Audits had not identified that staff lacked the knowledge and skills required in order for them to respond appropriately and consistently in the event of a fire. Whilst we saw that accidents and complaints had been recorded; overviews and analysis had not been completed to identify common themes or to prevent reoccurrence of negative experiences for people living at the home. The registered provider advised us that not all incidents had been recorded.

The provider remains in breach of this regulation as they had not taken the action required to ensure that effective systems would be in place to assess and monitor that the service would consistently deliver high quality, safe care. The management, leadership and governance of the service had not been effective.

These issues regarding good governance of the service were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

People who lived at the home and their relatives spoke positively about the registered provider. People knew them by name and we observed warm interactions between the registered provider and people. The majority of people we spoke with told us that the registered provider spent time talking to them and checked on their well-being. One person told us, "[name of registered provider] is a good man." One relative said, "Both managers are approachable, kind and supportive. They always have an open door."

People were encouraged to express their views to the registered provider about the quality of the care they received. One person we spoke with told us, "They do meetings where we chat about what we like." A relative said, "I have completed surveys, but not regularly." The registered provider told us and we saw that meetings were held for people living at the home to discuss things of their choice. We noted that feedback from meetings and surveys had not been analysed or used to drive improvement within the service.

The registered provider was knowledgeable about the people who used the service. We saw that the registered provider took an active role in the running of the home and was part of the care team. During our visit we saw that they were visible in the home and interacted positively with people, their relatives and staff.

The registered provider had kept up to date with most developments, requirements and regulations in the care sector. We saw the rating from the last inspection was clearly on display in the home in accordance with the regulations. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered provider had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

Staff were clear about the leadership structure within the service and spoke positively about the approachable nature of the management team. One staff member told us, "Good supportive managers." Another staff member said, "Always willing to listen and let us work flexibly if we have issues at home." Our observations on the day were that people approached the management team without hesitation and would receive clear guidance and direction. Staff told us they were benefitting from regular supervision and staff meetings. This give staff the opportunity to express their views and suggestions about how to improve the care people received. A staff member said, "I feel well-supported and have regular supervision. I really enjoy working here."

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 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with poor standards of hygiene and infection control. Regulation 15 (1) (a) (c) (2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to monitor the quality of the service. Regulation 17 (1) 17(2)(a) The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2)(b)