

Crowley Care Homes Limited

Crowley Care Homes Ltd - St Annes 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection on 21 March 2018.

Crowley Care Homes Ltd - St Anne's is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Crowley Care Homes Ltd - St Anne's care home accommodates up to 19 people in one adapted building. The home supports people who require nursing and personal care; some of whom may be living with dementia.

This is the third time we have inspected this provider. We previously inspected the home in February 2016 and rated it as 'Requires improvement'. We identified two breaches under the Health and Social Care Act and issued the provider with a fixed penalty notice because they had failed to notify us of the deaths of people using the service. This is an expected requirement for all providers. Following this inspection, we carried out a further inspection in May 2017 and rated the provider as 'Requires improvement for the second time'. In this inspection we identified a further five breaches under the Health and Social Care Act and issued a further two fixed penalty notices because the provider had failed to display their rating within the home and on the provider's website as they are legally required to do. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions for safe, responsive and well-led to at least a rating of good.

At this inspection we found that the service had made some improvements and five breaches identified in the last two inspections had been addressed. We did however find a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because there was a continued lack of provider oversight of the service which meant that the service was unable to maintain care standards. This was because there was a lack of accountability when audits were undertaken which meant that the registered manager did not identify when the standards in the home were in breach of regulations and the provider had not identified this failing.

We also found that the cleanliness of the home did not meet with the expected standards and there was therefore a new breach identified under Regulation 15: Premises and equipment.

The service had a registered manager in place. 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 registered manager did not have a robust auditing process which could ensure that processes were being followed by staff and that the service provided was fit for purpose.

Cleanliness and infection control procedures were not always followed which meant that people were left at risk of acquired infection.

Staffing levels were sufficient to provide the level of care required to keep people safe from avoidable harm. There was also a robust recruitment procedure to help ensure the staff recruited were suitable to work with the people using the service. Staff demonstrated a good understanding of their roles and responsibilities and regular checks were undertaken to help ensure on-going competency of care staff.

The provider and staff followed the local authority policy and guidance when dealing with safeguarding people from harm and demonstrated a good understanding of safeguarding issues. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Confidentiality was respected and independence was promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Communication with relatives was on-going throughout the duration of their relative's involvement with the service. Comments and feedback was encouraged formally and informally and there was a complaints policy in place.

People were supported to eat and drink enough to maintain a balanced diet and risk assessments were in place and were regularly reviewed and updated. The service was flexible and responsive to people's changing needs, desires and circumstances.

The service demonstrated a commitment to staff training, which was on-going and regular refreshers were undertaken. Staff were trained to administer medicines safely and had undertaken further training to ensure they could deal with a number of health issues. Supervisions were undertaken regularly and considered important in offering an opportunity for discussion between staff and management. Team meetings were regularly undertaken, giving staff the opportunity to discuss any issues and to share good practice examples.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People were not protected against the spread of potential infection because the home was not clean.

The provider had ensured proper and safe use of medicines but best practice guidelines were not always followed.

There were systems, processes and practices in place to safeguard people from harm.

Risks to people were assessed and their safety monitored and managed so they could be supported to stay safe and their freedom was respected.

There was sufficient numbers of suitable staff to support people to stay safe and meet their needs.

Is the service effective?

Good 

The service was effective.

People's needs and choices were assessed and care, treatment and support was delivered in line with current legislation and standards.

Staff had the skills, knowledge and experience to deliver effective care and support.

People were supported to eat and drink enough to maintain a balanced diet.

Staff work together to deliver effective care, support and treatment.

People were supported to live healthier lives and had access to healthcare services and on-going healthcare support.

People's needs were met by the adaptation, design and decoration of the premises.

Consent to care and treatment was always sought in line with legislation and guidance.

Is the service caring?

Good ●

The service was caring.

The service ensured that people are treated with kindness, respect and compassion, and that they are given emotional support when needed.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible.

People's privacy, dignity and independence was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

There were activities in place.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened to and responded to, and the information was used to improve the quality of care.

People were supported at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Requires Improvement ●

The service was not Well-led

Governance framework did not ensure that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed.

There was little vision or strategy in place to deliver high quality care and maintain standards.

The service was not continuously learning and making improvement to ensure sustainability.

Staff promoted a positive culture that was person-centred, open,

inclusive and empowering, which achieved good outcomes for people using the service.

The provider did not have a consistent approach to record keeping.

People who used the service, relatives and staff were engaged and involved in the service.

The service worked in partnership with other agencies.

Crowley Care Homes Ltd - St Annes 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 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.

This inspection was prompted as part of on-going monitoring of the service.

The inspection team was aware of previous Fixed Penalty Notices which had been issued to the service for not displaying their CQC rating and not notifying us of deaths within the service. We also reviewed previous breaches of regulations where the provider had informed us that action had been taken.

This inspection took place on 21 March 2018 and was unannounced.

The inspection team consisted of three inspectors from the Care Quality Commission 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.

We reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also reviewed information that had been sent to us from the local authority and members of the public.

During the inspection we spoke with 10 people who used the service and one visiting relative. We spoke with the provider and the registered manager, as well as five care staff, the domestic staff, cook and maintenance staff. We also spoke with two visiting professionals. We looked at the care records of four people using the service and the recruitment and training records for four staff employed by the service. We reviewed information on how the provider managed complaints, and assessed the quality of the service, as well as

information relating to the administration of medicines.

Is the service safe?

Our findings

At our previous inspection in February 2017 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there was not enough staff available to support people safely. We also found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 because medicines were not administered safely. During this inspection we found improvements had been made and these were no longer areas of concern.

We did however find that the home was not cleaned to an acceptable standard which meant that people were not protected from potential risks of acquired infections. While moving around the home we found that communal areas were not always cleaned to an acceptable standard. We found that items such as a fax machine placed in the ground floor corridor had a layer of dust, and we found a brown stain on a wall on the ground floor of the home. Foot operated bins were not seen in all communal toilets and shower rooms; this would be best practice and reduce the risk of cross infection. Personal products and creams were seen in shower rooms but these were not labelled or placed inside a cupboard. A razor had been left on the side in the disabled toilet. It was noted in the disabled toilet that the back rest on the toilet was ripped and damaged.

We noted a malodour in one of the wet rooms upstairs. Upon investigation it was noted that a heavily soiled incontinence pad had been directly placed in a yellow bin in one of the communal toilets upstairs. There was a sign above the bin that stated, 'please make sure incontinence pads are double wrapped before placing in the bin.' This had not been done. Following the inspection, the provider informed us that this could have been placed into the bin by a person who used the service. The shower chair was broken, and paint was also peeling off the radiator and a large pile of towels were stored on a chair.

Malodours were noted in parts of the home. For example, there was a strong smell of urine in a person's room which was checked twice during the day in the morning and the afternoon by our team. A malodour was also noted near to the lift upstairs.

Mid-morning, we noted a stale cheese sandwich in a person's room, this was uncovered. During lunch we saw that people were not given the opportunity to wipe their hands before or after the meal and it was noted that some people ate with their hands. Food taken to people in their rooms was however covered.

We also noted when inspecting the kitchen that potato cakes had been left in the oven. We found the kitchen was in need of a deep clean. Even though the registered manager showed us a cleaning schedule which night staff completed it was clear that the cleaning was not being undertaken to a satisfactory standard.

We saw that the kitchen had stains on walls, which according to the night staff cleaning rota should have been cleaned the night before. It was clear that this had not been done even though staff had signed to say it had been completed. We also saw that pipes around the kitchen were coated in grease and dust. The side

of the cooker was visibly dirty with grease and grime. An extension lead behind the kitchen bin was originally white but was now visibly dirty and brown. Signs displayed around the kitchen in plastic wallets were all coated in grime and discoloured. The flooring in the kitchen was cracked and broken. Switches and skirting boards also contained a layer of dust and grime.

The kitchen also had a store room which was used to store food items, sharps bins, deep freezer, fresh vegetables, paperwork and cleaning products. In this very small area we noted that there was a sink which had an exposed bucket with potatoes next to it and a vegetable rack. We showed this to the registered manager because this meant that when this sink was used there was a risk of cross-contamination. There were also mops and cleaning items stored next to the vegetables. We also saw that containers were sticky to the touch and the radio in the kitchen had a layer of grime on it. Sharps bins for the disposal of needles were also stored in this room on top of a freezer.

The maintenance staff told us that they were in the process of replacing the units within the kitchen and they were also refurbishing rooms as they became vacant. The provider however was unable to provide us with a refurbishment plan with confirmed dates of when changes would be completed by. The lack of adequate cleanliness in the home indicated the lack of a proper cleaning schedule. We spoke with the domestic staff who told us that they worked up to four hours a day and in this time they were required to clean all rooms, vacuum and dust all communal areas. There was however no record available to show when the cleaning took place and what was cleaned.

We asked the registered manager if they carried out checks on staff cleaning and they could not confirm this. We also asked if the home carried out regular deep cleans of communal areas and people's rooms. The registered manager and staff insisted that this was done but could not locate the documentation to support this. We pointed out to the provider and the registered manager our areas of concern as we moved around the home. After we completed the inspection we did however receive an e-mail from the provider confirming that they had arranged for the kitchen to be professionally deep cleaned following the concerns we had raised. The registered manager also confirmed that a new cleaning schedule was also put in place.

The provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

We looked around the communal garden of the home. This had not been maintained during the winter months and the provider told us that they would be carrying out maintenance on the garden over Easter. We did however find that where refurbishment work was being undertaken in the home, furniture items that were due for disposal had been left in the garden or to the side of the house. Although we were told that people were not going into the garden due to the cold weather, this still posed a risk to people if they were to go into the garden. There was also a stack of boxes stored at the side of the home directly outside the kitchen door. Upon further examination we found that these were continence pads being stored prior to use. We asked why these were stored outside and were told that they had been moved from a room while it was being refurbished. We pointed out to staff that this was not the appropriate method of storing these products and that the items would need to be removed. The provider told us that a skip had been ordered and the items would be removed, we noted that by the afternoon, the skip had arrived and some of the items had been disposed of.

The provider had systems, processes and practices in place to safeguard people from abuse. However, there was still a need for improvement. Risk assessments had been completed and were regularly reviewed with people's care records and this information was used to inform people's care plans. Examples of risk assessment we saw included safe movement, falls, and nutrition. Fluid intake was recorded for people at

risk of dehydration. However, we noted that there was no daily target intake set and the fluid intake recording form was not totalled. Therefore it was not clear if the person had enough to drink or what action was taken if there were any concerns. Following the inspection, the provider informed us that the fluid charts were used to document what had been offered, refused or accepted and were not intended to be totalled.

Personal Emergency Evacuation Plans (PEEPS) had been completed for all the people living in the home including the two newest admissions to the home. However, we did find that the fire folder also contained a PEEP for a person who no longer lived at the home and therefore it was not fully up to date.

While moving around the home we noted that call bells were not always placed in reach of people who were cared for in bed. The provider told us that these people were unable to use the call bell and they were checked by staff on an hourly basis. We also saw that a fuse box cupboard located on the ground floor was unlocked. This was checked several times and found to be unlocked. We highlighted this to the provider who explained that the door would normally be closed and this was an oversight. They attempted to close the door but it took some effort for them to align the lock on the door which showed that the locking mechanism for the door was not fit for purpose.

Medication was administered in a friendly and professional manner and best practice guidelines were followed. Staff sought consent to administer medication and checked whether people needed their pain relieving medication. One person became distressed when staff asked if they could administer their eye drops. Staff reassured the person and said they would try later.

There was a signature list for staff who administered medication. However, this did not include the signature of a member of staff who had started to administer medication in the last week.

Medication was stored appropriately in locked trolleys however the medication fridge was kept in the kitchen area along with the medication sharps box which is not best practice. Room and fridge temperatures were recorded daily and were within an appropriate range.

People had a medication record that contained a photograph and information about allergies. However, most photographs were not dated and the one that was indicated with a date was taken in 2011.

Best interest processes were followed for people who were given medication covertly. This process had involved the person's family and doctor but did not involve their pharmacist. Best practice however would also state that the pharmacist also be involved.

We reviewed medication records and did not find any unexplained gaps and found that stock levels corresponded with running balances. Boxed and liquid medication had been signed on opening. However, we found that handwritten entries on the medication records had not been countersigned by two staff.

People we spoke with and their relatives did think that St Anne's was a safe place to live. One person said, "I feel safe because there is enough staff." A second person said, "I feel safe, there's no bullying." And a third said, "I feel happy and safe." A relative also said, "My [relative] is safe and the staff don't pressure her."

The service ensured that there was sufficient numbers of suitable staff to support people to stay safe and to meet their needs. We saw throughout the day that people did not have to wait long to receive support when this was required. People we spoke with also confirmed this. One person said, "I feel safe because there's enough staff." The registered manager told us that they had recently recruited more staff and we saw from

rotas provided that there were sufficient staff on duty to support people safely. Staff we spoke with also confirmed that they were able to support people in a safe manner because there was sufficient staff allocated to support people's needs. One member of staff said, "We seem to have enough staff." While a second member of staff said, "Yes there is enough of us." We were told that the home would use agency staff when required but these would be staff who had previously worked there.

From our discussion with the management team we saw that they had worked together to rectify the concerns identified in our last inspections and were currently in the process of making further improvements to the home.

Is the service effective?

Our findings

When we previously carried out our inspection we rated this area as 'good'. The area remains at a good rating.

People's needs and choices were assessed and care, treatment and support continued to be delivered in line with current legislation and standards. Appropriate care plans were still in place and ensured that people received the care they required which appropriately met their assessed needs.

During our visit we also saw that regular updates were made to people's care documents, and relatives and people were kept informed of any changes in people's care plans through regular review meetings. We saw that care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates and staff handovers.

The service regularly assessed staff to ensure they were competent in their role and that they had the skills, knowledge and experience to deliver effective care and support to people using the service. Where staff did not achieve the expected competency levels, action was taken to further support them. We saw from the records provided that staff had been provided with the training and skills to support people effectively.

Staff we spoke with felt supported by the provider to gain further qualifications and training. They told us that they could ask for additional training and support when it was required. One member of staff said, "Yes I have had a lot of training."

Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a full induction when they joined the service, as well as regular supervision and appraisals. Staff we spoke with told us that they had received supervision and appraisals. Staff said that supervision gave them an opportunity to discuss any issues and concerns with the manager and they felt that the manager listened to their views and concerns. Staff competency was checked after training courses to ensure they understood the subject, and observations were also carried out to ensure staff were following best practice guidance.

People were supported to eat and drink enough to maintain a balanced diet. All the people we spoke with told us that they enjoyed the meals. One person said, "The food is good and there is enough." While a second person said, "The food is mostly very good, it's two courses and I get enough." A third person said, "I'm vegetarian and they know what I want, so I'm quite happy with the food." Care records showed that nutritional assessments were completed regularly and informed people's plan of care. Appropriate referrals were made when there were concerns about people's weight.

During the morning it was positive to see that people had their breakfast at different times. The cook was seen to prepare a cooked breakfast to order when this was requested and seemed to enjoy providing this service to people. The cook said, "No matter how many times I have to cook a breakfast from scratch I don't mind, everyone has different times. Some like breakfast early but some will have it much later." A person

told us "The food is wonderful and I get enough to drink."

Staff within the service worked with other services to ensure they delivered care which was effective. During our inspection we observed external professionals visiting people to carry out assessments. We spoke with one visiting professional who said that they found the home to be welcoming and people were cared for well.

From the care documents we looked at, it was evidenced that people's day-to-day needs were being met and staff were recording the care that was being provided. Information about health care, medicines and treatments was available within people's care documents. These were kept up to date and regularly reviewed with the visiting healthcare professionals.

The provider ensured that people's needs were being met through the adaptation, design and decoration of the building. The home was currently being refurbished and adaptations were being made where necessary to meet people's individual needs. We were shown rooms that had been refurbished and updated.

The manager told us that people were free to decorate their rooms as they wished and staff would support with adaptations and if they wished to bring in furniture from home, then this was facilitated.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that assessments and decisions had been undertaken in line with current standards and that the provider was following the requirements in the DoLS. Where applications had been made, the registered manager kept a record of applications to supervisory bodies and their outcomes and these were evidenced within people's care documents. Staff had all received training on the Mental Capacity Act and DoLS and were able to demonstrate to us good understanding of this. Staff were also aware of the people who had DoLS authorisations and how to comply with any set conditions.

Staff told us that they always asked for people's consent before providing any care or support and explained how they communicated with people who were unable to communicate verbally with them. We observed staff throughout the day gaining consent from people and acting on their wishes.

Is the service caring?

Our findings

We observed positive and caring interactions throughout our inspection between the care staff and people using the service. Staff demonstrated an empathy with people and provided them with emotional support when needed. For example, one person became very upset when they spilt their drink and staff were kind and reassuring towards them.

People told us that staff were kind. One person said, "The staff do their best and are very decent and friendly, and chat if they have time." A second person said, "The staff are really nice and work hard and have time to talk." While a third person said, "The staff are quite friendly and we like them; I'm happy."

We observed positive interactions between staff and people who used the service. People were at ease and comfortable in the presence of staff. Care records included some guidance for staff on how to support people with their communication needs and our observations showed that care staff supported people to express their views and encouraged them to make decisions. A visiting professional told us that they had no concerns about how people were cared for at the home.

Where possible, people had been involved in the development of their care and support plans. We saw evidence of this in care records we reviewed. Staff we spoke with had good knowledge of individual people's needs, likes and dislikes. A visiting relative we spoke with was complimentary about the service. They said, "The staff are caring and attentive, my [relative] is happy."

People's privacy, dignity and independence was respected and promoted by the service. We observed throughout the inspection that people's privacy was respected and dignity maintained. Staff knocked on doors and made sure people had privacy when being supported with any personal care needs. Staff spoke with people in a calm manner and encouraged independence where it was possible. People we spoke with also confirmed this. One person said, "The carers look after me OK, they treat me with respect and always knock." A second person said, "I'm very happy and content, they look after me OK and are kindness itself. They treat me with respect and knock on my door."

Is the service responsive?

Our findings

At our last inspection we rated this area as 'requires improvement' and identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not provided with adequate activities to appropriately occupy their time, and they were not always supported to pursue their hobbies and interests.

During this inspection we found the provider had made some improvements and was no longer in breach of the regulation.

We noted throughout the day of the inspection that no activities were offered. Following the inspection, the provider informed us that the staff member who was designated to support activities was interviewed by the inspector and unable to carry out this task. We were told that the position for the activities staff was being recruited for. People we spoke with gave us mixed feedback about activities that were made available to them. One person said, "I do dominoes and music activities but I think the coordinator is missing." A second person said, "I can go for walks to the park in summer." A staff member told us that they did baking with people and that representatives from two local churches visited. While other people felt that there were not enough activities for them including one person who said, "We don't have enough activities." And a relative said, "There aren't enough activities." We also saw that the home's spring entertainment activities were shown on the main notice board and possible activities listed were: singing café, arts and crafts/gardening, karaoke, baking, table top activities, music/movement, and outside visits. There were photographs showing people enjoying a variety of activities. The provider did inform us that an activities post had become vacant and they were in the process of recruiting a new member of staff to take over this role.

People who used the service had a variety of support needs and these had been assessed prior to being supported by the staff at the home. We were told that the registered manager worked with people and their families and was responsive to changes in their support and care needs, however this was not always reflected in the care plans. Staff appeared to know the residents and their needs well. We saw staff demonstrate they had clear knowledge of those who they were caring for throughout the day of the inspection.

People we spoke with felt they had freedom to make choices about their care and support during the day, for example in relation to when they got up or went to bed. People told us that staff were responsive to their needs and acted on their wishes and choices. One person said, "They change things when I want them changed." While another person said, "I don't complain because they change things when I ask them to."

People's concerns and complaints were listened to and responded to and feedback received was used to improve the quality of care and support people received. The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires. One person said, "I have no real complaints." While a second person said, "I have no complaints whatsoever." We saw that since our last inspection the provider had received one formal complaint which was still in progress with input from the local authority. All other complaints received had

been minor issues raised by people using the service or relatives which had all been resolved by the home.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. The home had ensured that people's end of life plans reflected their preferences and choices and these were kept under review. Where required people were supported to gain pain relief and families were assisted with funeral support.

Is the service well-led?

Our findings

There was a registered manager in post. When we previously inspected the home, we found that there was a lack of provider oversight and a failure to use information to make continuous improvements to the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Throughout the inspection it was clear that this breach continued because the registered manager and provider did not have a clear management oversight of the key issues that we identified throughout the home. The home was not clean and the build-up of dirt in the kitchen was considerable and the manager was unaware of this. Some information on the lounge noticeboards was out of date for example, information was titled, 'Ready for winter' 2015/2016. There was 'End of life workshops' advertised which were dated 2015 and most information on the noticeboards was difficult to see because it was not organised or was pinned on top of other information. Continence products were stored outside at the side of the home near the kitchen. This had not been identified as a concern by the registered manager or provider. The garden was used for the storage of old and new furniture and food items which impacted on people's ability to make use of this. Again, this did not seem to be an area of concern for the registered manager or provider.

The Registered manager did not have a robust quality assurance system in place and although a number of audits were carried out on a regular basis there was little management oversight of these. We discussed this with the registered manager who recognised that the current systems were in need of review and senior staff we spoke with told us that they would be taking action to further improve their audits and action plans.

This was therefore a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

When we previously inspected the provider we had also found them in breach of Regulation 18 of the Care Quality Commission (registration) regulations 2009. The registered manager did not submit notifications to the commission. The registered manager now understood their responsibility to report to us any issues they were required to report to us. These are part of their registration conditions and we noted that this was now being done in a timely manner.

The registered manager and provider were in the process of making improvement to the home although there was no set refurbishment plan in place. We were told that as and when rooms become available, they would be upgraded.

From discussions with the registered manager and staff we found that they had a vision which was to support people to receive high quality care and support. We saw that care staff supported a culture within the service which promoted person centred care and was open, inclusive and empowering for the people using the service. Staff felt valued and enabled to contribute to the development of the service through regular team meetings and discussions about people's care and support.

People who used the service, relatives and professionals also said that they were given opportunities to

comment about the service and provide feedback, for example we saw that questionnaires had been completed in January, February 2018 by family members and visiting professionals. The feedback given rated the service as 'excellent' and comments from relatives said, "The staff are lovely, they really take time to get to know you." A second relative said, "All in all a lovely home with wonderful staff." A visiting professional also left a comment saying, "Manager was welcoming and helpful." We saw that there were resident meetings and noticeboards to keep people and relatives informed but the information on this was not always current. However the vision supported by staff was not always followed by the provider because, people were not consulted about the garden being out of bounds while refurbishment work was being undertaken. We mentioned our concerns to the provider who told us that as it was cold people would not go out, however when we spoke with staff they told us that some people in the home enjoyed going out even when the weather was cold. One member of staff said, "[Person] wanted to go out [in November], but it was a bit nippy, but we still went out, to meet the personal needs, we went in the garden, it wasn't for too long." The provider did not understand why they would need to inform people that the garden would be inaccessible. We explained that although the weather was cold this was people's home and they needed to be informed if an area of the home was unavailable.

Several people we spoke with were aware of who the registered manager was and the staff they could speak with. One person said, "The home is good enough, there's a good relationship." A second person said, "I see the senior staff, they and the home are lovely." A third person said, "The Home is very good." A relative also commented, "I've seen one other home and this is better."

Staff were motivated to improve the service, one member of staff said, "The manager is approachable, I can make suggestions and [registered manager] will take it on board." A second member of staff said, "[Staff] do suggest different ways to do things, like how to approach a resident, we know them like the back of our hands." Staff were supported to question practice and were aware of the provider's whistleblowing policy but told us that they had not had a need to make use of the policy. They also told us that they were aware of the refurbishment within the home and had been asked for their suggestions on colour schemes.

The service worked in partnership with other agencies such as the local authority, rapid response team, district nurses, local hospitals, and GP's to ensure that people's care was effective, responsive and met the expectations of people and their families. Information about the different agencies was available on the notice board of the home. Partner agencies we spoke with throughout the day of our inspection were extremely positive about the service and how they worked with people and their families.

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
Diagnostic and screening procedures	The provider had not done all that was reasonable and practicable to mitigate the risks of the spread of infection because the home was not cleaned to an acceptable standard.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	The Registered manager did not have a robust quality assurance system in place.