

Greensleeves Homes Trust

St Cross Grange

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on the 20 and 21 November 2018.

St Cross Grange is a 'care home' and is registered to accommodate up to 64 people. 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. At the time of the inspection 44 people were accommodated at the home.

At our last inspection on 10 and 11 April 2018, we found four breaches of regulations. The provider did not identify and take action to reduce risks to people. The provider did not have enough staff to keep people safe, or support staff through supervision and training to ensure people were cared for by staff who had the right skills and competencies. The provider had failed to ensure people's on-going care and treatment was planned and addressed in line with peoples changing needs. The provider did not have an effective system in place to monitor and assess the quality of the service provided in order to take action where necessary to address and rectify any shortfalls.

During this inspection we found action had been taken and improvements made for supporting staff and people's on-going care and treatment. However, further work was required to identify risks and keep people safe and ensure people's records were consistent and up to date. We have identified two continuing breaches in respect to this.

The Registered manager left shortly after the last inspection and there was a new manager in post who wasn't yet registered but was in the process. 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.

We found people's safety was compromised in some areas. Risks associated with people's care had not always been identified or assessments made to reduce these risks for people. These included those associated with behaviours which may be challenging or distressing for people.

Relevant recruitment checks were conducted before staff started working at the service to make sure staff were of good character and had the necessary skills. However, there were unexplained gaps in some staff employment histories.

Staff received more frequent support and one to one sessions or supervision to discuss areas of development. They completed more training and felt it supported them in their job role.

Staff understood safeguarding procedures to keep people safe. There were enough staff to keep people safe.

There were plans in place for foreseeable emergencies and fire safety checks were carried out. However, a legionnaires water risk assessment had needed to be reviewed since 2016.

People's rights were not always protected because staff did not always understand and work within the principles of the Mental Capacity Act 2005. These were in the process of being reviewed.

Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

People were cared for with kindness, compassion and sensitivity. Care plans provided information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. A complaints procedure was in place.

This is the second consecutive time the service has been rated Requires Improvement. The service is not yet consistently providing good care. We found two continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service had improved from inadequate but improvements are still needed and the rating has changed to requires improvement.

All reasonably practicable steps had not been taken to recognise and mitigate the risks associated with behaviours that challenge and incidents and accidents in the home.

The service followed safe recruitment practices and there were sufficient staff to meet people's needs.

People felt safe when receiving support from staff members. Staff received training in safeguarding adults and knew how to identify, prevent and report abuse.

Staff were trained and assessed as competent to support people with medicines. Risk assessments were in place and fire safety checks were carried out.

Requires Improvement ●

Is the service effective?

The service remains requires improvement.

The environment did not support people living with dementia to keep safe and promote wellbeing for people living with dementia.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights. However, we found some records where this was not always followed.

People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments.

Requires Improvement ●

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

The service had improved to good.

People received personalised care from staff that understood and were able to meet their needs. People had access to a range of activities which they could choose to attend.

People's views were listened to. A complaints procedure was in place.

Good ●

Is the service well-led?

The service remains requires improvement.

Records were not always accurate and lacked up to date information.

The quality and monitoring system was not effective in order to ensure necessary changes were implemented. Audits did not notice the concerns we found at the inspection

People and relatives felt the service was well run.

Staff spoke highly of the management, who were approachable and supportive.

Requires Improvement ●

St Cross Grange

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 visit was unannounced and took place over two days. On 20 November 2018 two inspectors and an expert by experience visited the home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 21 November 2018 one inspector visited the home to complete the inspection.

Before this inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people and two visitors to gain their views of the home. We observed care and support being delivered by staff and their interactions with people in communal areas of the home.

We spoke with the peripatetic manager for the registered provider, manager, and 13 members of staff including an activities coordinator, two maintenance staff, two senior carers and eight members of care staff. We also spoke with two visiting health care professionals. Following the inspection, we received further feedback from two health care professionals.

We looked at a range of records which included the care records for six people, medicines records and recruitment records for four care staff. We also looked at records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

We last inspected the home in April 2018 where we found concerns in safe, effective, responsive and well-led. The home was rated as requires improvement overall.

Is the service safe?

Our findings

At our previous inspection in April 2018, we identified risks in relation to people's care to identify behaviours that may challenge. We asked the provider to tell us what action they would be taking and they send us an action plan stating they would meet the requirements by September 2018. However, we found further work was required to identify behaviours to keep people safe.

We observed one person who was very keen to get up and walk around the communal area during our inspection. Most of the time staff moved next to them and encouraged them to keep sitting in their chair by sitting next to them and talking to them. At other times some staff did walk around the communal area with them and their assisted walker. We observed at times this could cause them some frustration as it was clear they wanted to go for a walk and not keep still. On the second day of our inspection we saw them freely walking around the communal area and they looked very happy and content.

When we reviewed their records, we saw that there had been at least six incidents of aggression to staff in the last month and at one time to another person. The risk assessments did not contain guidelines to support staff to manage their behaviour, and no recorded action had been taken or followed up and at one time one staff member had written to the manager to voice their concerns. We spoke with a senior care worker who informed us they had not seen this type of aggression and they had been recently reviewed by their GP and their medicines had been changed which had improved their behaviour.

We spoke with the peripatetic manager who told us they had not seen this behaviour and felt it was an ongoing training issue with staff and letting them walk freely around to avoid behaviours that challenge. Further improvements were required to embed and sustain a culture of allowing people the freedom to move freely around the home to avoid behaviours that may challenge.

At our previous inspection in April 2018, we identified that the provider did not take all reasonably practicable steps to mitigate the risks associated with incidents and accidents in the home and in particular relation to falls. We asked the provider to tell us what action they were taking and they send us an action plan stating they would be meeting the requirements by September 2018. At this inspection we found action had been taken and improvements had been seen and falls had reduced as a result.

People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed every month. These included environmental risks and any risks due to health and the support needs of the person. Risk assessments were also available for bed rails, malnutrition, skin integrity, moving and handling, medicines, and falls. People were supported in accordance with their risk management plans. For example, people who were at risk of skin damage used special cushions and mattresses to reduce the risk. We observed equipment, such as hoists and pressure relieving devices, being used safely and in accordance with people's risk assessments.

However, we observed one person being manoeuvred across a communal lounge in an arm chair with no

wheels which put both the person and staff at risk as the chair was not designed to be moved this way.

The risk of falls were identified and we saw that mitigating action included the use of sensor pads in people's rooms to alert staff to people who tried to mobilise on their own when they normally required assistance. Staff we spoke with told us they deployed a number of strategies to ensure residents were observed as much as possible. This included encouraging residents to participate in communal activities with their consent rather than sit in their room alone. Sensor pads were in use during the day and at night.

However, we viewed on one person's risk assessment completed on the 6 October 2018 that was due for review on the 3 November 2018 but this had not been completed. This was for a person who had an unexplained bruise under their left eye recorded on a body chart on 23 October 2018 of an unknown cause. The original risk assessment identified that the person mobilised with a carer but could sometimes get impatient and try and move by themselves.

We spoke to the peripatetic manager who told us they were not aware and will look into and action our concerns.

The above evidence is a continuing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Safe care and treatment.

At this inspection people and their relatives told us they felt safe. One person told us, "I feel safe here, the only thing I don't like are the corners in the corridor I like to see where I'm going". A visitor told us, "He came here from another home, I feel he's safe here".

We spoke with health professionals who told us they had worked closely with the service and staff to look at where improvements could be made. One health professional said, "Falls reduction has been a key part of the work that local authority has looked at alongside the home. This has included looking at falls trends /causes and prevention. This has had an impact on the home, as falls resulting in injuries have significantly reduced". Another health professional told us, "Management of risk has improved with the management and staff thinking more carefully about the prevention of falls and incidents. The home has adopted the Hampshire falls protocol for the management of falls and have sought expert advice from the Clinical Commissioning Groups falls huddle and a dementia specialist nurse".

At our previous inspection in April 2018, we identified risks in relation to people's care including risks associated with some people's medicines. We asked the provider to tell us what action they would be taking a they send us an action plan stating they would be meeting the requirements by month 2018. At this inspection we found action had been taken and medicines were now safe.

Medicines were stored securely in locked trolleys which were kept in the locked treatment room when not in use. Stocks of medicines were locked within the stock room which was temperature controlled and monitored. The ambient and cold chain temperatures were recorded staff had an understanding of the expected temperatures within these environments. We observed the administration of medicines and saw that this was undertaken in line with current standards and guidance. A record was maintained of the disposal of medicines and locked boxes were in the medicines store room for medicines to be returned to pharmacy.

The home was holding medicines that required stricter controls called controlled drugs. Controlled drugs were stored securely, with balance checks undertaken from each administration. There was a system where controlled drug administration was checked by a second senior carer who had received training in the

management and administration of medicines. We saw that controlled drugs were subject to additional checks, for example weekly check of stock balances.

Records showed that protocols for 'as required' medicines were in place for residents on medication requiring periodic administration, based on their symptoms. However, these 'as required' protocols were not detailed in relation to the symptoms of the individual. For example, we reviewed protocols for five people who had 'as required' medicines prescribed for pain. While the protocols detailed the purpose of the medicines, they were not individualised and based on the symptoms of the person. For example, there was no detail as to the type of pain the person might experience or how this might be monitored following the administration of the medicine.

At our previous inspection in April 2018, we identified staffing was not always safe to keep people safe. We asked the provider to tell us what action they would be taking and they send us an action plan stating they would be meeting the requirements by September 2018. At this inspection we found staffing had improved and the amount of agency staff had been reduced as the provider had employed more permanent staff.

People and staff reported mixed comments regarding staffing levels. However, there was a consensus that staffing had improved since the recruitment of additional care staff in recent months. Staff told us that while numbers had been maintained, when this had been by using agency staff there was additional pressure to ensure agency staff understood their role.

Recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records checks) to make sure staff were suitable to work with vulnerable people. However, there were a couple of unexplained gaps in staff employment history, which had not been explored by the provider.

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on them. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

The home was clean and tidy and staff demonstrated a good understanding of infection control procedures. One person told us, "It's very clean here, I've got a clean bed as well". Staff followed a daily cleaning schedule and areas of the home were visibly clean. All staff had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

Is the service effective?

Our findings

At the last inspection in April 2018, we identified the home was not purpose built and as such the layout of each floor presented the registered provider with challenges as to how best accommodate people's needs. Especially the large secure communal area on the ground floor of the home.

The environment on the ground floor secure communal area was not suitable and did not support people living with dementia in line with best practice. The flooring and walls and doors were of a similar colour and the flooring had three different types of floor covering which could increase the possibility of falls. At the time of our inspection contractors were visiting for quotes for work on the flooring on the large open area on the ground floor and painting had started to take place. The peripatetic manager and admiral nurse (admiral nurses are specialist dementia care nurses) were aware of the concerns and this work was on going at the time of our inspection to ensure the safety and welfare of people was promoted in a suitable environment. A health professional told us, "I still think there are further improvements to be made in terms of building (from a mobility and sensory point of view) that Greensleeves [the provider] are aware and have plans to alter".

At our previous inspection in April 2018, we identified the lack of effective supervision and training for staff meant we were not assured people received care from staff who had the right competencies to meet their needs. We asked the provider to tell us what action they would be taking a they sent us an action plan stating they would be meeting the requirements by September 2018. At this inspection we found improvements had been made.

We spoke with staff who told us they received regular training. For example, in relation to topics such as manual handling, safeguarding, first aid, fire safety and dementia care. Records showed that improvements had been made and were ongoing to ensure all staff received appropriate training.

Staff we spoke with also told us they received regular supervision from senior staff where they would review and discuss their practice. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records showed supervisions were ongoing and were in line to be completed every three months. Most staff had received a supervision and other staff were on track to be completed in this timeframe. A health professional told us, "They had developed their supervision and training matrix. Yearly appraisals were not in place yet but we were informed these were in the process of being set up with staff".

Staff demonstrated an understanding of the care of people who did not have mental capacity. For example, they were aware that residents may be able to make decisions about some aspects of their care but not others. However, records showed that the service did not always reflect the principles of the Mental Capacity Act 2005 (MCA) when people had fluctuating capacity or lacked capacity to make decisions for themselves. The 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 decisions, any made on their

behalf must be in their best interests and as least restrictive as possible.

Records showed people's needs were assessed and their care plans were recorded on an electronic care system, which had recently been introduced. However, not all records were completed for assessing people's ability to make decisions. For example, one person had bedrails in place to prevent them falling out of bed and to keep them safe but no best interest decision was in place to assess this was in their best interests as they were unable to consent to this decision. A health professional told us, "The home has improved its understanding and approach to mental capacity and we have talked to the Management about how to implement this into daily life, encouraging decisions to be made with residents and their families in their best interests".

We spoke with the peripatetic manager who informed us that some records had been mislaid in the transfer to the electronic care system and they would ensure MCA assessments would be assessed for all of the people living at the service.

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. Relevant applications for a DoLS had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLS. Staff were aware of the support required by people who were subject to DoLS to keep them safe, and protect their rights.

People received varied and nutritious meals including a choice of fresh food and drinks. One person told us, "It's alright, you can choose, they come in and ask what you want. A main course and a pudding and you get cold drinks with lunch, I prefer the apple juice". Another person said, "I'm on a reducing diet so I have salads and things. There's faggots to-day, I can have them they're lovely".

People were supported to eat and drink. We observed staff sitting with residents at mealtimes and assisting them to eat as appropriate. People reported that the food was of a good standard. People were monitored in relation to their nutrition and hydration. Weights were monitored and where people had experienced weight loss this was reported to their GP. We reviewed the care record of one person where they were at high risk of malnutrition. The person had been assessed by the speech and language therapist for the risk of choking and a soft, moist diet was recommended. A malnutrition risk plan and nutritional care plan had been completed and nutritional intake recorded that included the use of prescribed nutritional supplements. Weekly weights were recorded and staff reported that any further weight loss would be reported to the resident's GP.

We observed staff interacting with residents during mealtimes and saw that residents were encouraged and enabled to eat foods of their choosing. For example, one resident did not want the meal provided so alternatives were given. There was a relaxed atmosphere in the dining room, unhurried and people chatted together and with the staff.

People were encouraged to drink fluids. The service had introduced chilled drinks dispensers around the home containing juices fortified with zinc and vitamin c. These juices were lower in sugar and therefore suitable for people on a diabetic diet. There was also fresh fruit available all day.

People were supported to access healthcare services when needed. One person told us, "A nurse came in

recently and gave me my flu jab. I have my feet done here". Records showed people were seen regularly by doctors, district nurses, speech and language therapists, opticians and chiropodists. One visiting health professional told us, they feel improvements have been made since the last inspection and they now feel listened too. They felt a huge difference had been seen in pressure area care and if staff had any concerns they would always contact them, pressure area care has improved.

Is the service caring?

Our findings

All the people we spoke with told us staff were kind and caring. One person said, "They [staff] couldn't be better, they're very caring. I'm quite comfortable, I get looked after well". Another person told us, "I can't complain, the girls are very kind and considerate to me, I can't fault them at all". Other comments included, "They [staff] look after you well". A visitor told us, "Absolutely I've never ever heard anybody say a bad word about them they're fine".

We observed that there was a calm relaxed atmosphere in the home. Staff were seen to interact well with people and they were kind and caring in their approach. Staff were not rushed when supporting people and appeared friendly and were seen sitting with people and talking with them throughout the day. Staff were observed to treat residents with patience and understanding and had a clear understanding of people's needs and were seen to spend time giving explanations.

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. For example, staff knocked on people's doors and ensured doors were closed when necessary. Staff were mindful of personal interactions when in communal areas. We spoke with a visitor and asked them if they thought people were treated with dignity and respect and they told us, "He's [person's name] treated brilliantly".

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. For example, one person told us, "One of the girls brought me in this special poppy badge, I'll always treasure it". The badge was a special poppy badge for people who had been in the Auxiliary Territorial Service during the 1939 – 1945 war. The person talked with us about their time in the service and was very appreciative to have been given the badge.

People's care records included information about their personal circumstances and how they wished to be supported. When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. We saw that some people's care plans contained detailed information about their life histories to assist staff in understanding their background and what might be important to them. However, these were not all in place for everyone. One staff member told us this was work in progress and for one person they were meeting with their family next week to gather information about their past history.

People were supported to maintain their independence. For example, they had a choice about spending time in their rooms, sitting in communal areas and participating in activities. We observed staff spending time with residents to identify what their wishes were.

People's families and visitors told us the home was homely and they were always made to feel welcome. One person told us, "My son and family live locally, they come in anytime they like". A visitor said, "I make myself a drink, the staff don't mind".

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured people's care and treatment could not be overheard.

Is the service responsive?

Our findings

At our previous inspection in April 2018, we identified the registered provider had failed to ensure people's on-going care and treatment was planned and addressed in line with their changing needs. We asked the provider to tell us what action they would be taking. They sent us an action plan stating they would be meeting the requirements by September 2018. At this inspection we found improvements had been made.

Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive, including physical health needs and people's mental health needs. Care plans were in place for, communication, continence, medicines, mental state and cognition, mobility, nutrition, personal care, night time and sleeping.

Most care plans were now available on line for staff to access. Staff were issued with a small electronic device to view care plans and record daily notes, although this was a work in progress. All the staff we spoke to felt this had really improved and felt it was very positive.

Care plans were in place to provide staff with guidance on people's preferences, wishes and specific instructions, including religious, cultural and spiritual needs in the event they required end of life care. For example, for one person, their care plan stated they would like to remain at the service if possible and liked classical music and would like this to be played peacefully in their room.

People had access to a variety of activities in the home to provide social interaction and stimulation for people. A weekly activities calendar is produced by the activities co-ordinators and there is something planned for each day. Evidence of past activities seen in the many photograph albums which are placed on tables around the home.

One person told us, "You don't have to join in the activities if you don't want to". They then talked warmly about a recent visit to Marwell Zoo as part of the homes activity sessions. They said, "We went by taxi it was all provided and the food, it was a lovely day". Another person said, "I like to read and do crosswords and I like to be involved here. I like to talk to the children when they come in". A visitor told us, "She will go to the lounge to see the school children".

During the morning of our inspection a person who lives at the service played the piano in one of the lounges. This was well attended and enjoyed as very soon several other people entered the room to listen to the music and people could ask for requests. Other activities during our inspection included, quizzes, ball games and jigsaws, and in the afternoon local school children came in with their teacher and sat with people playing chair bowls.

We spoke with one of the activities co-ordinator who told us, every morning the coordinators aim to visit every person in their room. They felt they had a good budget provided by the registered provider and can pay for external entertainers to visit. They showed us Decembers schedule where they have booked a panto

group, carol singers, and other entertainers. Several trips to Winchester's Christmas market planned so people can go on small groups. They spoke with warmth about their role and how one to activities such as dominoes are important as some people do want to mix in a group or are not able to.

The complaints policy was displayed in the entrance and around the home. People and their relatives were aware of the policy and felt confident any concerns they raised would be addressed promptly by the manager and staff. Staff knew how to deal with any complaints or concerns according to the service's policy.

Meetings were held with people and their relatives. One person told us, "I like to go the resident's meetings sometimes". These were held to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions. The service also sought feedback from residents and family members using a quality assurance survey questionnaire which was sent out yearly.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was complying with this standard, although some improvements could be made in the provision of literature for people living with dementia. The registered provider displayed some information about the home, how to make complaints and other documents such as menus in the home which allowed people to easily access this.

Is the service well-led?

Our findings

At our previous inspection in April 2018, we identified the lack of consistent and effective leadership, poor record keeping and poor governance. We asked the provider to tell us what action they would be taking and they sent us an action plan stating they would be meeting the requirements by September 2018. At this inspection we found improvements had been made in some areas, but further work was still required especially in record keeping and governance.

Since our last inspection the previous registered manager had left the service. A new manager had just been appointed and was in the process of registering with the commission, to become the new registered manager. Since April 2018 the service had been managed by the providers peripatetic manager who staff and health professionals felt were supportive and had made improvements to the service.

People thought the service was well run. One person told us, "It's very good here, couldn't be better". Another person said, "I can't fault it, I like it here". Other comments included, "It's run well here". A health professional told us, I would say the seemingly most important thing that had changed is that they seem to be now well lead, and through this the team have been able to change the culture around responsiveness to risk (particular falls), care planning, accountability and wellbeing overall generally. Another health professional said, "The change in management has been positive and we have seen significant improvements to the quality of the care and support provided".

While record keeping had improved records were not always accurate, consistent or up to date. For example, we viewed the record of one person where bruising of unknown origin had appeared, including bruising to their eye where there was no record of an investigation into the cause of the bruising. One member of staff reported concerns about this incident to us and told us they had concerns that the cause of the bruising had not been properly reviewed. The only record of the bruising was on a body chart. There was nothing recorded in the daily record or care plan and no incident report completed.

An assessment of legionella risk had been completed in January 2014 and was due to be reviewed in January 2016. As part of the assessment it provided staff members names of staff responsible for the responsibility of managing legionella in line with current legislation. Records showed that this had not been reviewed and when we spoke to the peripatetic manager the staff members names listed as responsible for managing the risk of legionella no longer worked for the provider. They informed us they would speak to the provider about updating the assessment to ensure they comply with their legal duties in relation to legionella.

Care records had been transferred between paper to electronic records in the service. We found there were still improvements to be made and a review was needed as not all information matched up on the system. For example, we saw records in care plans where residents were checked at night but this was not clearly recorded during the day. We also saw some conflicting information for staff between the main computer and the mini hand-held devices. For example, different times recorded for re positioning people to help prevent pressure areas and make them comfortable.

We spoke with the peripatetic manager who told us they would review the system to make sure it all is in sync and had produced a chart for recording day checks, until the new system has been reviewed.

The provider and registered manager used a series of audits to monitor the service. These included, medicines, staff files, infection control, health and safety and dining experience. daily walk around the home. However, these had not always ensured compliance with the regulations, and did not identify the concerns we found during our inspection. In addition to the audits, the provider's quality team visited the home to carry out audits to make sure the service was meeting regulations, and to support the management of the service.

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

Most staff reported feeling happy in their work, saying there was good teamwork and managers were supportive. One staff member told us, "[Peripatetic managers name] came in April and is very supportive and proactive very much for staff getting more involved which is great".

Staff meetings were held regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. One staff member told us, "Staff meetings are held monthly and you are most definitely able to have your say." Daily handover meetings were held daily with the heads of department and the peripatetic manager told us they then catch up with all the senior staff.

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.

The service was looking at community involvement in the home. At the time of our inspection local children and young adults from a local college visited to interact with the people living at the home. The admiral nurse told us they were looking at accessing the local dementia group and as part of that engaging with people's families as well. The service also made local religious groups welcome into the home for people to continue with their chosen faith. One person told us, "We had a service yesterday. Yesterday was special because one of the ladies has lost someone so we thought of them. We had Remembrance Day and harvest festival. We get lots of people come to the services."

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 12 HSCA RA Regulations 2014 Safe care and treatment The risks associated with people's care had not always been identified and actions taken to mitigate these.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of consistent and poor record keeping and poor governance.