Woodlands Retirement Residence Limited

Woodlands Retirement Residence

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

This comprehensive inspection took place on the 31 December 2018 and 2 January 2019, and was unannounced. Woodlands Retirement Residence 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. Woodlands Retirement Residence accommodates up to 19 people across two adapted buildings. At the time of our inspection 17 people were living at the home.

At the last inspection in June 2018, we judged that improvements were required in delivering a safe, effective, caring, responsive and well-led service. We found the provider continued to be in breach of the regulation related to governance. This was because the registered provider had failed to establish and operate effective systems to ensure compliance with the regulations, or to monitor the quality and safety of the service. In addition, the registered provider was failing to comply with Regulations 9 (Person centred care), 10 (Dignity and respect), 11 (Need for consent), and 13 (Safeguarding service users from abuse and improper treatment).

After our inspection in June 2018 we met with the provider to stress the level of concerns we had about the service. We imposed a condition on their registration, (a condition is one of our enforcement powers). This required them to be compliant with regulation 17 related to governance and effective systems to monitor the quality and safety of the service. As part of this condition, the provider has been required to submit monthly reports to us at the Commission so that we can monitor their progress in improving the key questions 'Safe, Effective, Caring, Responsive and Well-Led' to at least good.

We also placed the provider in 'special measures' because the management of the service was inadequate at the February 2018 and June 2018 inspections. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, we inspect the service again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

This inspection on 31st December 2018 and 2nd January 2019, was conducted to assess if there has been improvement.

At this inspection we saw action had been taken to address all the areas of concern, but some improvements were still needed and those made needed to be sustained.

Risks to people's safety had been identified and plans were in place and followed by staff to support people safely. Staff had been provided with training in how to protect people from abuse and the process for reporting any concerns was now accessible to staff. Staff recruitment had improved with checks on the required documentation made. People received their medicines as prescribed and the arrangements for administering, storing and checking people's medicines had improved. Staffing levels had improved to meet

people's needs but these levels had not been maintained across all shifts. The provider was recruiting to fill staff vacancies and needs to ensure the required levels of staff are consistently in place. Equipment and supplies to the service were checked and maintained safely. However, further improvement was needed on acting on fire safety within the environment.

At the last inspection we found people's capacity was not always assessed and considered when decisions were made. At this inspection we found the provider was applying for authorisations where people lacked capacity and needed their liberty restricted for their safety. People enjoyed the meals provided although promoting choices around cooked breakfasts for people unable to make a choice needed further improvement. People were supported to drink enough and risks of dehydration were monitored but needed review. There had been some changes made to improve signage and privacy within the premises. People were supported with their healthcare needs. The provider had a schedule in place to provide staff with the training and support they needed.

People described staff as caring and we saw staff attended to people in a caring manner. Since the last inspection the provider had addressed issues related to people's privacy, dignity and confidentiality. They had ensured care records were secured and confidentiality addressed. Privacy screens were in use to protect people's dignity in shared rooms.

Since the last inspection people had been involved in planning and reviewing their care to identify their preferences. We saw staff understood and responded to people's needs. People had access to indoor activities; opportunities to follow their own interests such as accessing the local community needed improvement. People knew how to make a complaint.

There were improvements in the systems used to check on the quality and safety of the service. However, there was still some inconsistency in how these were applied. The provider did not have a clear management structure or team in place in which the responsibilities and roles were clear. Whilst they had acted to address many of the concerns we highlighted in our previous report, they still needed to demonstrate they could sustain improvements made. The provider was continuing to work to an action plan which was being monitored by the local commissioning team for progress. Feedback from the commissioning team showed progress was being made. The provider was continuing to share appropriate information with CQC in monthly progress reports as required as part of the condition on their registration. We have advised them more specific information is required which they were addressing. At this inspection we found more work is needed to improve the management and oversight of the service. We found that whilst the provider had implemented audits these were not fully effective in identifying shortfalls and demonstrating action to rectify. We judged the provider continued to be in breach and that the conditions on their registration remain to allow further time to sustain and continue with the improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Safety checks within the environment were not always effective.

The staffing levels were not consistently maintained in line with people's needs.

Staff understood how to recognise and report abuse.

Risks to people's safety were identified and managed. Appropriate up to date risk assessments supported staff to meet people's needs safely.

Medicines were administered safely and the arrangements in place to manage medicines were safe.

People were protected from the risk of infection.

Lessons were learnt from accidents and incidents.

Is the service effective?

Good

The service was effective.

People felt staff had the skills to meet their needs. A scheduled programme of staff training and support was in progress for staff to support people effectively.

People's consent was sought and staff supported them in the least restrictive way.

People were supported to access healthcare services.

People had a choice of meals they enjoyed and drinks were provided regularly.

Adapted facilities supported people's needs and additional signage was in place to help people orientate themselves.

Is the service caring?

Good

The service was caring.

People described staff as caring and people's privacy and dignity was protected.

People were involved in decisions about their care.

People's confidential information was kept securely.

Is the service responsive?

Good

The service was responsive.

People did contribute to their care planning and reviews and care records contained up to date account of people's individual needs and how these were being met.

People were provided with activities that they enjoyed but access to community amenities was not regular.

People knew how to complain and were confident to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not always Well-led

Systems to monitor the quality of the service were improved and were carried out regularly, but not yet fully effective and sustained.

The provider sought people's feedback on their experiences but further improvement is needed to ensure people's views about all aspects of the service were gathered.

There is a lack of consistency in how the service was managed. Improvements have not been fully embedded or sustained.

The registered provider was working in partnership with the local commissioning team to support care provision and development. The registered provider was continuing to share appropriate information with us in their monthly progress reports.

Woodlands Retirement Residence

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 31 December 2018 and 2 January 2019 and was unannounced. The inspection was carried out by 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 care service.

We had already asked the provider to complete a Provider Information Return (PIR) in 2017, so we did not ask them to complete this again. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed information we held about the service from statutory notifications received from the provider. We also looked at information the registered provider sent to us in the form of monthly reports as required as part of their condition on their registration. We looked at information received from the local authority commissioners who since our last inspection had carried out regular quality improvement visits to monitor progress at the service. They confirmed the action plans they had set with the provider following their visits were being satisfactorily completed. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We used all this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit, we met sixteen of the seventeen people who lived at the home. We spoke with seven people who lived at the home. We 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 spoke with three relatives of people, the registered provider, two senior care assistants, three care assistants and the cook. We observed care and support being delivered in communal areas to include mealtimes and medicine administration.

We reviewed three people's care plans and daily records to see how their care was planned and delivered. We looked at how medicines were managed and administered. We checked three staff recruitment files, accident and incident records, fluid and food monitoring records, menus, staff training records, staff meetings and the providers survey responses. We reviewed the provider's quality audits, fire safety and maintenance checks.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in June 2018 we rated this key question as requires 'improvement'. There were concerns about people's safety. Risk assessments for people's safety were not completed or accurate; medicines were not managed safely; and people were exposed to risks within the environment. The provider did not ensure sufficient checks on prospective staff before employing them. There was a breach of regulations related to safe care and treatment. At this inspection, the provider had made improvements and was no longer in breach of regulations. However, further improvements were needed and the rating remains requires improvement.

We saw flammable objects such as cardboard and a tin of paint under the stairwell which was a potential fire hazard. A similar issue had occurred at a previous inspection. The registered manager informed us she had intended to remove these items the previous week when she undertook an audit, but had forgotten. We looked at the providers audit and it did not identify these items or the need to remove them. The providers fire risk assessment advised these areas to be kept clear of flammable items. We found the approach to assessing and managing environmental and equipment-related risks is inconsistent and could compromise people's safety.

Since the last inspection the registered provider had introduced a dependency tool to assess the numbers of staff required and the morning staff had increased because of this. At this inspection people told us staff were available to help them. One person said, "There's always a staff member in the lounge, you might have to wait a bit but they come". Another person said, "They do answer the buzzer, but I might still have to wait if they are seeing to others". We saw that staff were visible in the communal lounges and able to respond to people's personal care needs without delay. At peak times such as mealtimes we saw there were sufficient staff to support people and assist them with their meal. Some people required regular checks and attention during the night. The dependency tool identified the need for three staff at night but this had not always been achieved which could impact on response times to people. The registered provider told us recruitment was on-going and new rotas were being planned to reflect the increase in night staffing levels. Staff said existing staff covered some night shifts in response to people's dependency needs. We saw rotas were not always planned in advance so that staff had more notice to cover additional shifts. Staff said this did present difficulties. We requested copies of the month ahead rota which the registered manager sent to us following our inspection. This showed there were still some gaps where night staffing levels were not being planned ahead to meet people's level of dependency. We raised our concerns with the registered manager and they gave us assurances that in the interim whilst waiting on new recruits, rotas would be planned in line with people's dependency levels. Whilst staffing levels were reviewed action to improve and sustain them was still needed.

The provider had taken appropriate action to improve the management of risks to people's safety. We saw risks had been assessed and a management plan in place to guide staff in how to support people safely. For example, risks related to people falling identified the equipment needed and the number of staff to support the person. We saw staff supporting people using the appropriate equipment to transfer them safely. People had their walking aids beside them and when people walked staff went with them to reduce risks.

Preventative measures to manage the risk of people falling had improved. Post falls monitoring was in place and staff we spoke with were familiar with people at risk of falling and how they supported them. There was a system in place to escalate all falls to the management team to review and update risk assessments with any changes to people's support which helped to avoid successive falls. Falls were analysed for patterns and we saw where an increase of falls was identified, for example at peak times in the morning, staffing levels had been increased to provide additional supervision for people.

Where people were at risk of developing pressure sores we saw staff supported them to change their position at regular intervals. Risk management plans were updated as people's needs changed. For example, one person had returned from hospital and their records had been updated to show how increased risks to their food and fluid intake should be managed. We saw staff promoting drinks and food intake and ensuring the person was safely hydrated. Staff were aware how to support the person in this area to keep them safe. We saw staff had knowledge of individual people's health needs and that management plans were in place for medical conditions. For example, we saw a risk management plan was in place to guide staff in managing a person's diabetes.

People told us they felt safe, one person said, "Staff help me to walk so I don't fall and no one here bothers me". A relative told us how staff supported their family and said, "She is safe here, the home has always dealt with [health risks] very well, they ring and let us know what has happened". Staff received safeguarding training and since our last inspection, knew how to escalate any concerns to external agencies. We saw that contacts for the safeguarding team were displayed for staff to access independently. Safeguarding procedures were followed where unexplained injuries had occurred to people. The provider had acted to ensure they reported any concerns about potential harm to people to the appropriate agencies for review. Staff we spoke with were aware of whistle-blowing procedures and how to use these if they had concerns about people's safety or welfare.

The provider had acted to improve their recruitment procedures. We saw pre-employment checks were made to make sure staff were suitable to work with people. References and employment history were sought. We saw staff files were audited to ensure they contained evidence of the correct checks.

Systems were in place for managing the safety of the environment. Supplies to the home such as gas and electric, hot water temperatures and environmental hazards were checked. Personal emergency evacuation plans (PEEPs) were in place for each person to show the support they needed in the event of a fire. Staff had received fire safety training to include fire drills.

Medicine systems had improved. We saw staff administered medicines safely and completed medicine records appropriately. The medicine trolley was kept locked when not attended. We saw people had their medicine at the times they were prescribed. One person told us, "I take tablets in the morning and they bring them on time". We saw staff were patient when administering people's medicines. Staff confirmed they had been trained and their medicine competencies had been checked. Improvements had been made to the auditing of medicines which were carried out at regular periods.

People continued to be protected from the risk of infection. The environment and facilities were clean and staff wore personal protective clothing when they supported people with their care. Preventative measures such as hand gel and paper towels were in use to reduce the risk of contamination.

The registered manager told us they had learnt from the feedback they had received and acted to keep people safe. We saw systems were in place to record accident and incidents and they had improved their falls management to reduce the likelihood of reoccurrence.

Good

Is the service effective?

Our findings

At the inspection in June 2018 we found the Mental Capacity Act (MCA) (2005) was not being consistently implemented. The provider remained in breach of this regulation because they had not identified practices in the home as restrictive and not in line with the principles of the MCA. At this inspection, the provider had made improvements and was no longer in breach. The rating has changed to Good.

People's needs were assessed before they moved into the home. People and their relatives told us they were involved in this process to help identify the support needed. We saw assessment information enabled the provider to plan how they could meet people's needs effectively.

People told us staff understood their needs and they thought they were trained. One person said, "They know I fall so get my aid and remind me to walk straight". Relatives we spoke with told us the staff knew how to look after people. One relative told us, "The staff are all very good; look after [name] so well. They make sure [name] is having plenty to eat and drink and make sure [name] is comfortable, today they have put a nice warm blanket over [name]".

We saw staff had a good understanding of the needs of people they supported and how they could meet their needs. For example, they described how one person needed additional support with mobility and eating and drinking. A staff member told us, "We are monitoring food and fluids because person is not eating well and has lost weight. We are also providing pressure relief and using the hoist to transfer them". We observed staff supporting this person effectively and in line with their needs throughout the day, encouraging fluids and food. We saw they used equipment safely to transfer the person.

The provider has continued to send monthly progress reports to CQC and the local authority as part of the action plan and conditions placed on their registration. Progress on staff training was evident and continues to be monitored by both the local authority and CQC. Since the inspection in June 2018 the provider has established a training schedule to ensure staff complete training relevant to their role. We reviewed the training matrix and saw refresher updates had taken place in fire safety, medicine management, food hygiene and health and safety. We also saw (MCA) training was scheduled for January and March 2019 and moving and handling training in February 2019 to support staff with their skills and knowledge. A programme of e-learning has also been set up for all staff.

New staff told us they had a period of induction which included shadowing experienced staff. One member of staff told us, "I'm doing the Care certificate and feel supported working through the modules". Whilst effective support and mentorship for the care certificate was in place, recent changes in the management team had impacted on the consistency of support. The provider had improved their format for staff supervisions and a schedule was planned but this had not yet been fully implemented.

At the inspection in June 2018 we found the provider was not taking appropriate action to protect people's rights. At this inspection we saw the provider had made improvements. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to

do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. We observed staff continued to seek people's consent before providing care or offering support. Where people had capacity, and refused support considered to be in their best interest, discussions with them and their relative was recorded so that their decision was respected. We saw that where people lacked capacity to make decisions a capacity assessment was in place. Best interest meetings showed the use of equipment such as sensor mats or alarms was agreed on people's behalf in relation to their safety.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
The provider was working within the principles of the MCA. They had made twelve DoLS applications and were awaiting approval for restrictions on people's liberty. The provider had sought information in relation to protecting people's rights. For example, we saw where people had a Power of Attorney, (POA) in place this was recorded so that it was clear if relatives had the legal power to make decisions on a person's behalf. The provider had booked training for all staff to support their knowledge of MCA and DoLs. We saw staff worked within the principles of the act. For example, they ensured people had access to their walking aids and there were no restrictions on people's movements.

People said they had a choice of meals and we saw choices were offered at lunch time. One person told us, "The food is good, they try and get what I want. Usually two things to choose from but sometimes I have something different and they are very good about that". The choice of a cooked breakfast was not so clear for people who would need support to choose. For example, records showed most people had cereal but we did not see alternatives were presented to them. A menu was displayed and pictorial menus were used. We saw staff asked people their main meal choice for the next day. We saw meals were well-presented and plentiful. Staff were proactive in encouraging snacks, drinks and fresh fruit throughout the day. People were supported with their dietary needs by health care professionals and staff were aware of who needed support.

People told us their healthcare needs were met. One person said, "I'm quite happy they get the doctor when I need it". A relative told us they were happy that any health issues were picked up without delay. They told us their family members health had improved whilst being at the home. Records showed people were referred to healthcare professionals in a timely manner.

The premises were adapted and spacious with facilities to support people's needs. People had a choice of sitting and dining areas and their bedrooms were personalised with their own furnishings. Some signage had been added to support people with dementia to recognise their own bedrooms and bathing facilities.

Good

Is the service caring?

Our findings

At our last inspection in June 2018 we rated the registered provider as 'Requires improvement' in this key question and identified a breach of regulation. People were not always treated with dignity and respect and their rights to privacy was not always upheld. At this inspection we found
the registered provider had made sufficient improvements and was no longer in breach. The rating has changed to good.

People described the staff as caring and friendly. One person said, "I like the staff; they are very nice and helpful". A relative said, "The carers have all been brilliant, they are kind and friendly".

We saw that staff had developed friendly relationships with people and knew them well. People were relaxed in the company of staff, and staff were receptive and attentive to people. For example, we saw they made people comfortable, offered them a blanket and provided assurance when people were distressed or confused.

One person eating their dinner became upset saying, "I don't know what to do with it, (meal)". The staff member intervened and reminded them it was their meal and they could eat it. This showed staff were understanding of people's needs and how to support them in a compassionate way when they were distressed.

We saw staff were caring towards people. For example, encouraging a person who had been ill, and praising them for the little improvements they had made.

We saw staff encouraging a person to use their walking aid and the person told us, "They do encourage me to do things for myself and they tell me I am getting better, that's nice to know". We saw staff promoting people's self-help skills such as walking independently with their walking aids and independently eating. A person told us, "I choose my clothes and I can wash myself, the staff will do the things I can't". We saw staff set and cleared tables but did not involve people in aspects of everyday living tasks such as these or helping with laundry items which could further support people to maintain their skills.

People said they made decisions about their care such as the time they got up, went to bed, what they ate and how they spent their time. One person told us, "I prefer my own company", and we saw this was respected.

A relative told us, "We did have a meeting to begin with and I wrote down everything (name) did and didn't like and all the things they used to do". We saw from care plans that meetings had taken place with relatives and people to identify people's choices and preferences including their personal histories and communication needs. Staff used this information well to support people. For example, they knew people's previous professions and how best to communicate with people such as speaking slowly or reminiscing with people about their previous profession.

Improvements had been made since our last inspection in June 2018. People's right to privacy and confidentiality was respected. We saw people's care records were kept securely and personal information was no longer on display. Staff confirmed that discussions and hand-over meetings were not held within communal areas where confidentiality would be compromised.

We saw that privacy screens were in use in shared rooms. Staff we spoke with told us they had discussed the need to, and were using these consistently when providing personal care to protect people's dignity. People were well supported to maintain their appearance; their clothes were well laundered and ironed and they were offered clothes protectors at mealtimes. Care had clearly been taken with people's personal appearance such as ensuring their hair was styled, jewellery and make-up to their choice and access to their glasses and hearing aids. A relative told us, "(Name) is dressed in the clothes I know they would be happy wearing".

Care plans gave details on people's preferences regarding how often they wanted to have a bath or shower. A person told us, "I can have a bath or shower when I want to". A staff member said, "We don't have set bath days now; people have a choice, one person showers several times a week, it is much better".

There was no restriction on visiting times, a relative told us they were always made welcome and offered refreshments. Information regarding accessing advocacy support was on display. Everyone had a representative to act on their behalf so advocacy was not currently utilised.

Good

Is the service responsive?

Our findings

At our last inspection in June 2018 we rated the registered provider as 'Requires improvement' in this key question. People were not involved in planning and reviewing their care and care records were not up to date. There were limited opportunities to access local amenities. At this inspection we found improvements had been made and the provider was no longer in breach. The rating has changed to Good.

We found the provider had made improvements and people and their relatives were involved in an assessment of their needs and developing their care plan. A relative we spoke with told us, "We were very involved with the care plan and we have been very happy with the care".

Records we looked at showed that reviews took place and that care records held up to date information about people's needs. We saw that where people's needs had changed, care plans were updated to reflect this. For example, a person's plan had been updated to reflect the support they needed with eating and drinking. They had also developed additional needs in relation to their deteriorating mobility and we saw staff were supporting them with moving and handling. The person was at risk of developing pressure sores due to poor mobility and a plan was in place and followed to provide regular positional changes to provide pressure relief. A staff member told us, "The care plans are much clearer and when anything changes we are told. The plan is updated so we have the right information to support the person".

We found progress had been made in relation to reviews capturing changes in people's needs and reflecting recommendations of other professionals. For example, for a person the use of equipment and technology to support them was in place to include a sensor alarm mat to improve their safety.

Care plans had information as to how to meet people's needs in a personalised way. For example, their daily routine and how they liked their care. A person's plan stated where they liked to sit and how they enjoy having a cup of tea. Staff we spoke with understood the importance of providing personalised care. One staff member said, "We know people and their routines and try and offer them what they like, I think things have improved, more choice rather than set routines like bath days".

There had been some improvement in producing care plans in a clearer format that meant people could access and read them. Meetings had also taken place to discuss and explain care with people and aid their understanding. We saw staff ensured people had their hearing aids and glasses and explained daily events to people. This meant people were being given information in a way they can understand. The provider should continue to explore where people may require written information in alternative formats.

People's needs, including those related to protected equality characteristics, were being identified. Staff were using a dementia well-being assessment. This provides prompts for staff to observe the person and what they like so that their care can be planned around their needs in a more personal way. These assessments were still in the early stages but will help staff understand supporting people at different stages of dementia. We saw staff were responsive to people throughout the day and supported a person to engage in doll therapy. The person was clearly getting a sense of satisfaction in expressing their care towards the

doll. We saw staff recognised the importance of giving the person recognition for this. The registered manager told us that diversity training and dementia awareness was being planned for staff.

We saw there were some activities for people to enjoy such as music, board games, art and crafts and movie days. People told us they also enjoyed celebrating events and festivities. We saw some people doing art and other people playing dominoes. A person told us, "Newspapers and magazines are delivered and I enjoy reading those". Digital clocks with the right time and day were on view around the home and people had access to television remote controls to choose their viewing. People said external entertainers visited for music, exercise and church services were held. Both people and staff commented that more opportunity to go on trips, walks, shopping or for lunch were needed. We spoke with staff who confirmed they had not considered the use of rummage boxes or memory boxes, which could support people with dementia to relate to familiar items. One staff member said, "Now we've talked about it I can see there's a lot we can work on so people have access to these".

People and their relatives knew how to make a complaint. A person told us, "I'd be quite happy to speak with the manager; she asks how I am so it wouldn't be difficult". The complaints procedure was in a format suited to people's needs and on display to ease access.

Care records we looked at contained information about people's decisions and wishes such as place of death and funeral arrangements. No one was in receipt of end of life care but we were informed care plans would be personalised to show how people were to be supported with pain management and comfort at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At the inspection in June 2018 we found Woodlands Retirement Residence was not always a well led service. The provider did not have effective systems for assessing and monitoring the quality and safety of the service. They had continued to be in breach of the regulation related to governance and the service was rated Inadequate in this domain. We imposed a condition on the provider's registration, requiring the provider to send a monthly progress report on the audits and checks they were completing. At this inspection we found some improvements had been made, but further improvement was needed. The provider remains in breach of the regulation related to governance. The rating has changed to requires improvement.

The provider had kept us informed about their progress as required by the condition on their registration. Whilst improvements have been made in terms of monitoring the quality and safety of the service, further improvements were needed to ensure these were sustained. For example, whilst records showed fire drills took place, there were no details recorded as to whether the drill identified any issues that might need to be rectified to ensure people remained safe. Not having detailed records meant there was no evidence of learning or reflective practice to drive service improvement. The providers audits had not identified items stored under the stairwell as a potential fire risk. Whilst these items were removed because of our findings, these should have been picked up by the providers own audits and items removed to reduce risks to people.

The provider was monitoring those people at risk of not eating or drinking enough, although they were not reviewing monitoring charts to ensure the required intake was achieved. We saw there was no impact and people were eating and drinking enough. However, monitoring records should be reviewed to identify any ongoing risks. The provider advised they would implement a system at the end of the day to ensure this was done.

We found that whilst the provider had implemented audits these were not fully effective in identifying shortfalls and demonstrating action to rectify. For example, the providers dependency tool identified staffing levels but there was no audit in place to show if this was being achieved or what action was being taken to maintain levels. We judged the provider continued to be in breach and that the conditions on their registration remain to allow further time to sustain and continue with the improvements.

Systems had not been established or operated effectively to assess, monitor and mitigate the risks to people's health, safety and welfare. This constituted a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Following the last inspection, the provider, who is also the registered manager, had employed a care manager to assist with the overall running of the service. We saw a number of systems had been put in place to address the shortfalls identified at the last inspection. The staff team advised us there had been a lot of improvements including leadership and consistency for staff. Communication across the staff team had improved; information was shared at staff handovers, staff meetings had been held and staffing levels and choices for people were better. However, this person had left and senior care staff did not undertake

management tasks. There was evidence the registered provider was not consistently acting on findings of their audits. Whilst staff had felt supported and were positive about the improvements made, they were unsure if improvements would be sustained. They commented, "Lots has improved and the [registered] manager is listening more". "It is better than before, but I worry it might slip back now the manager has left". "I'm not sure the [registered] manager will listen to us about changes needed". The provider told us she recognised the need to establish a clear management structure and was planning to create a deputy post and look at the delegation of tasks to ensure these were carried out consistently. Whilst the provider had made plans to improve staff supervision and training for staff, these had yet to be fully established.

The provider was obtaining feedback from people. We saw surveys had been sent to people and feedback obtained in June 2018. Responses were positive; people were happy with the premises, food and cleanliness. Feedback from other professionals had also been sought, but their responses focused mainly on the premises. Further improvement is needed to ensure people's views about all aspects of the service are gathered. For example, areas identified at this inspection such as asking people specific questions about access to a cooked breakfast, times of getting up and opportunities for going out. This would help to ensure an open culture in which the provider can demonstrate they are acting on feedback and driving improvements.

We found the provider was completing audits on a regular basis. For example, care plan audits were completed and we saw people's care plans and records were up to date to reflect people's needs and how any risks should be managed.

Medicine management had improved. For example, we saw stock control systems were in place to ensure there were enough supplies for people's needs. The storage and disposal of medicines had also improved. The provider's audit tool had been improved to include these checks which were carried out on a daily, weekly and monthly basis to identify any shortfalls.

The provider had improved their practice in relation to the Mental Capacity Act (2005). They were checking they were working within the principles of the MCA and that any restrictions or best interest decisions were following the correct procedures. They had also planned training in MCA and DoLs to support staff practice.

The provider had improved checks on their recruitment procedures to ensure the required documentation was in place before staff commenced work.

They had acted on the shortfalls identified in relation to ensuring people's care records were kept securely and that confidentiality was addressed. We saw records were secure. Privacy issues had been corrected. For example, in shared rooms a privacy screen was used. Whilst the provider has taken action, we discussed with them how they should document their checks to demonstrate how they are ensuring these practices are being sustained.

Identifying and acting on risks to people's safety had improved. The provider was reviewing accident and incidents and acting to reduce risks. The provider was reviewing and reporting potential harm such as unexplained injuries or bruising that might be potential safeguarding concerns to the Local Safeguarding Authority or the Care Quality Commission. In addition, information and procedures for safeguarding or whistleblowing had been displayed to enable people, visitors or staff to follow should they have any concerns.

Some people told us they were happy at the home and saw the provider daily. However, they also said they would like more opportunities to go out. Relatives told us they could speak with the provider and had no

complaints about care standards.

The registered provider had worked in partnership with the local commissioning team and other agencies to support care provision and development. They were continuing to work to an action plan which was being monitored for progress. We saw feedback from the commissioning team was positive. The registered provider was continuing to share appropriate information with us in their monthly progress reports. We had advised them they needed to provide more specific information which they were addressing.

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 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to monitor the quality of the service. 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.