

Mr D & Mrs S Mayariya

Fairfield 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

This inspection took place on 18 and 20 July 2018 and our first visit was unannounced.

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

Fairfield Care Home provides care and accommodation for up to 21 older people. There were 19 people living at the home at the time of our inspection.

At our last inspection in February 2017 improvements were needed in three of the key questions we inspected these were Effective, Responsive and Well led and we identified one continued breach of the regulations. We rated the service 'Requires Improvement' overall.

We asked the provider to make improvements. They sent us an action plan which informed us the necessary improvements would be completed by July 2017.

During this inspection we found not all improvements had been made and sufficient action had not been taken in response to the breach in regulation. Lessons had not been learnt by the provider because quality assurance procedures were not effective to always keep people safe. The provider was heavily reliant on the registered manager to ensure the home was running effectively. The provider's lack of managerial oversight meant opportunities to drive forward improvement had been missed.

Also, additional areas where the home had previously performed well now required improvement. Therefore, the service continues to be rated as 'requires improvement' and continues to be in breach of the regulations.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. Since our last inspection the management at the home had changed. The previous registered manager had left their employment in April 2017. A new manager had been in post since June 2017 and registered with us in May 2018.

Enough staff were available to meet people's needs. However, the provider had not consistently followed their recruitment policy to ensure staff who worked at the home were of suitable character which placed people at potential risk. Action was being taken to address this shortfall.

Most people felt safe living at the home and procedures were in place to protect people from harm. Staff had received training to support them to understand their responsibilities to report any witnessed or

allegations of abuse. However, the provider was not keeping us informed of events, such as allegations of abuse that they are required to inform us about.

Risk assessments identified potential risks to people's health and wellbeing. Risks were regularly reviewed and staff demonstrated a good knowledge of how risks were to be managed.

People received their medicines when they needed them from trained staff. However, checks of people's medicines had not identified a series of issues. We found medicine administration records were not completed as required. People's creams did not have the date they were opened or the date when they should be discarded recorded. Also, we could not be sure staff checked people's medicine was correct before administering them.

Staff understood the provider's emergency procedures and the actions they needed to take in the event of an emergency. Incidents and accidents that happened at the home were recorded and analysis of incidents was completed to reduce the risk of reoccurrence.

Maintenance and safety checks carried out at the home were not always effective to keep people safe. Staff understood their responsibilities in relation to infection control but improvement was required to ensure infection control practices were consistently followed.

The design of the building supported people to live comfortably however, people told us it was difficult to gain access to some areas of the garden. Action was being taken to address this and plans were in place to refurbish some areas of the home.

The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible.

New staff had received effective support when they had started work at the home. People thought the staff were well trained and staff spoke positively about the on-going training they received.

People's needs were assessed before they moved into the home and people had been involved in planning their care. People's care plans contained detailed information about their preferences and daily routines which supported staff to provide person centred care.

People told us staff were caring. Staff knew people well, they were responsive to their needs and knew what was important to people. People's right to privacy was respected and people were encouraged to remain independent.

People's religious and spiritual needs were respected. Staff received training to support them to treat people as individuals.

The quality of social activities had improved since our last inspection which supported people to maintain their hobbies and interests. People were involved in planning meaningful activities.

People knew how to make a complaint and felt comfortable doing so. The provider and registered manager encouraged feedback from people, their relatives, visitors and staff which was used to drive improvement.

People were happy with how the home was run. Staff felt supported by the registered manager and regular

team meetings were held which gave staff the opportunity to discuss any issues of concern and ideas for improvement.

We found one continued breach 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. We also found a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

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.

Most people felt safe living at the home and there were enough staff available to meet people's needs. However, essential checks to ensure staff working at the home were of suitable character had not always taken place. People received their medicine's when they needed them but some areas of medicines management required improvement. Procedures were in place to protect people from harm. Staff and the registered manager understood their responsibilities to keep people safe however CQC had not been notified of a number of safeguarding allegations. Staff knew how to manage risks associated with people's care. The home was generally clean during our visits but further work was required to ensure that infection control practices were always followed.

Is the service effective?

Good 

The service was effective.

People felt staff had the skills they needed to provide their care. New staff members were provided with effective support when they first started work at the home. People spoke positively about the food provided and staff had good knowledge of people's dietary requirements. People had access to healthcare services when they needed them.

Is the service caring?

Good 

The service was caring.

People told us staff were caring. Staff knew people well and we saw positive interactions between people and the staff. People were encouraged to maintain relationships that were important to them. People felt respected by the staff and were encouraged to be independent. Records showed people and their relatives had been involved in planning their care.

Is the service responsive?

Good 

The service was responsive.

People confirmed social activities supported them to maintain their hobbies and interests. Staff were responsive to people's needs which meant people received personalised care. People's individual religious and spiritual needs were recognised. People knew how to make a complaint and felt comfortable doing so.

Is the service well-led?

The service was not consistently well-led.

The provider had failed to notify CQC about a number of incidents. Audits to improve the quality and safety of the service continued not to be effective which meant lessons had not been learnt by the provider. Further management changes had occurred since our last inspection and the provider was heavily reliant on the registered manager to ensure the service was running effectively. People were happy with how the home was run. Staff enjoyed working at the home and felt supported by the registered manager. The registered manager and the provider encouraged feedback from people, their relatives, visitors and staff.

Requires Improvement 

Fairfield Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and Regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place to follow up on one previously identified breach of regulations, and to make sure the required improvements had been made. Our inspection visits took place on 18 and 20 July 2018. Our first visit was unannounced.

The inspection team consisted of two inspectors and an expert by experience on 18 July and one inspector on 20 July. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our visits we reviewed the information, we held about the service. We looked to see if the service had sent us any statutory notifications and we contacted local authority commissioners. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They did not share any information we were not already aware of. However, following our visits commissioners shared information of concern about the quality and safety of service with us, which they were looking into.

The registered manager had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service at least once annually to give us some key information on what the service does well and improvements they plan to make. We considered this information when making our judgement.

During our inspection we spoke with seven people and one relative about what it was like to live at the home. We also spoke with the provider, the registered manager, two senior care workers, the cook, five care assistants and a domestic assistant about what it was like to work at the home.

We looked at the care records of four people to see how their care was planned and delivered. We reviewed four staff files to check they had been recruited safely and were trained to deliver the care people required. We looked at records of the checks the provider and the registered manager made to assure themselves people received a good quality service.

Is the service safe?

Our findings

At our last inspection in February 2017 we rated the key question of safe as 'Good.' At this inspection we found this rating had not been sustained because areas where the home had previously performed well required improvement. The rating changed to Requires Improvement.

At our last inspection we found the provider followed their recruitment procedures to ensure risks to people's safety was minimised. During this visit records showed the provider was not always working in line with their recruitment policy because pre-employment checks to ensure staff were of suitable character to work at the home had not taken place. This meant we could not be sure staff had been recruited safely. We found two of the four staff files we reviewed did not contain important information. One file did not contain any references and the other did not contain evidence to assure us DBS clearance had been sought prior to the staff member starting work at the home. The DBS is a national agency that keeps records of criminal convictions. We discussed our findings with the provider. They explained they had already identified this issue through an audit of staff files in April 2018. However, they had not taken any action to resolve this.

During our second visit the staff member's DBS check had been located. The registered manager had also completed an audit of all staff files which identified three files did not contain the required information.

At our last inspection people's medicines were stored and administered safely. During this inspection people told us they received their medicines when they needed them. One person said, "They (staff) are good at giving me my medicines," another told us, "I get my tablets on time, no problems."

Medication administration records (MARs) we reviewed showed us people had received their medicine as prescribed. Medicines were stored securely and medication care plans informed staff how people preferred to take their medicine. For example, one person liked to take their medicine with a glass of milk. We checked the stocks of nine people's medicines and found these were correct.

Staff told us and records showed they had completed training to administer people's medicines safely and records confirmed the registered manager completed observations of their practices to ensure they remained competent to do so.

However, some areas of medicine management at the home required improvement and the checks of medicines completed had not identified a series of issues. Records showed when care workers had applied people's prescribed creams they had not signed the MAR (medicine administration record) as required. Instead the MAR had been signed by the senior care worker on duty. We shared this with the registered manager who took immediate action to address this.

We found people's creams did not have the date they were opened or the date when they should be discarded recorded. This is important because the effectiveness of some prescribed creams decreases over time. Also, we could not be sure staff checked people's medicine was correct before administering it because the prescription labels on the creams had been rubbed off. The registered manager assured us new

stock would be requested.

We reviewed the provider's medication policy and found it contained no guidance to support staff to administer, store or dispose of prescribed creams in line with the guidance from the National Institute of Clinical Excellence (NICE). We brought this to the attention of the registered manager and the provider during our first visit. The registered manager told us this had been an oversight and they would add the information immediately. During our second visit we checked and found the policy had updated and communicated to staff.

Some people were prescribed medicine to be given on an 'as required' basis. We identified some protocols for these medicines were not in place which meant we could not be sure people did not receive too much or too little of this type of medicine. Despite the lack of detail staff demonstrated to us they understood when to give people their medicine. We discussed this with the registered manager during our first visit. During our second visit we checked and found PRN protocols had been implemented.

Most people told us they felt safe living at Fairfield Care Home because staff were available when they needed them. However, during our first visit one person told us they felt unsafe at night time because another person who lived at the home sometimes entered their bedroom without their permission which made them feel frightened. They explained their request to have a key to their bedroom door had been refused. We discussed this with the registered manager who took action to address this. During our second visit the person confirmed they had been provided with a key. They said, "I feel much safer having the key."

Procedures were in place to protect people from harm. The provider's safeguarding reporting procedure was displayed in communal areas of the home to inform people how to report concerns if they felt unsafe. Our discussions with the registered manager assured us they were aware of their responsibilities to keep people safe. However, following our visits, the provider had failed to notify CQC about a number of safeguarding allegations.

Staff had received training in how to protect people and they confidently described the types of abuse people may experience and the signs which might indicate someone may be at risk. Staff understood their responsibilities to report any witnessed or allegations of abuse and were confident their concerns would be dealt with. One staff member said, "If I was worried about someone I would tell the manager straight away. They would deal with it. If they didn't I would tell social services myself."

People and their relatives felt there were enough staff and during our visits we saw sufficient numbers of staff were on duty to meet people's assessed needs. Most staff we spoke with shared this viewpoint. However, one said, "There is a general lack of staff and this puts more pressure on us. We do not have enough time to do everything we need to do. We have to do laundry, activities, and help with the food." The registered manager explained staffing levels were under constant review and were adjusted monthly depending on people's needs. They told us they would review the staffing levels following our inspection and increase the number of staff on duty if this was required.

The provider used a variety of risk assessment tools to identify any potential risks to people's health and wellbeing which helped to keep people and staff safe when delivering care. Where risks had been identified, risk management plans had been completed and were regularly reviewed to support staff to minimise and manage risks. For example, one person was at risk of developing sore skin because they chose to spend long periods of time sitting in their favourite chair. To reduce this risk, we saw the person sat on a pressure relieving cushion. This same person had a health condition which caused their legs to swell which caused them pain and reduced their level of mobility. Staff had a good knowledge of these risks and how these were

to be managed. For example, they encouraged the person to raise their legs onto a foot stool to reduce the swelling in their legs and checked their skin daily to make sure it was not red or sore.

Routine maintenance and safety checks were carried out at the home. These included fire safety checks and checks of electrical items. However, we could not be sure these checks were always effective to keep people safe. During our first visit we saw a fire door was propped open and the automatic closure fitted to the door was broken. This was a risk because the door would not close automatically in the event of a fire. We brought this to the attention of the registered manager. During our second visit we found the door closure had been repaired.

Emergency plans were in place to ensure the home could be evacuated quickly and safely such as, in the event of a fire. Staff demonstrated they understood the provider's emergency procedure and the actions they needed to take in the event of an emergency. People also had personal fire evacuation plans and this meant staff and the emergency services knew what support people would require to evacuate the building quickly and safely.

A system to record incidents and accidents that happened at the home was in place. The registered manager analysed incidents monthly and had taken prompt action to reduce the risk of reoccurrence. For example, one person had fallen in their bedroom. Following their fall, they had been supported to rearrange their bedroom furniture which meant they had more room to walk around. The person had not fallen again.

Since our last inspection visit the provider had implemented an infection control policy and we saw the home was generally clean. Staff confirmed they had received training and they told us they understood their responsibilities in relation to infection control. However, we found good infection control was not always practiced. For example, previously and during this inspection we identified a raised toilet seat frame had tears in the arm rests exposing the foam which made it difficult to clean. We discussed this with the registered manager who told us despite the equipment being located in a person's bathroom it was not in use. They removed the piece of equipment on our request.

We also saw a cleaning product was kept in the sluice room and the door to the room was not fitted with a secure lock. This presented a risk as the cleaning product could be hazardous and was accessible to people. We discussed this with the registered manager and during our second visit we saw a secure padlock had been fitted to the door.

Is the service effective?

Our findings

At our last inspection in February 2017 we rated the key question of effective as 'Requires Improvement'. This was because some people had their freedom of movement restricted unlawfully. This was because authorised restrictions on their liberty had expired. During this inspection we checked and found improvements had been made. The rating changed to Good.

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 an assessment shows a person lacks 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the provider was working within the requirements of the MCA. Where people had been identified as not having capacity to make specific decisions about their care, appropriate discussions had taken place with those who knew the person well, to make decisions in their best interests. The outcomes of these discussions were clearly recorded.

Applications to deprive people of their liberty had been submitted and authorised by the supervisory body where restrictions on people's liberty had been identified. For example, for people received constant supervision from staff and they were not free to leave the home unaccompanied. Our discussion with the registered manager demonstrated they understood their responsibilities under the Act. They had implemented a new system which meant they knew when people's DoLS were due to expire and when they needed to submit new applications if required. This assured us lessons had been learnt since our last inspection.

Record showed staff had received training about MCA and DoLS in the 12 months prior to our inspection. However, some staff told us they did not remember receiving this training. One said, "I don't think I've had that training, I don't really understand it, and I'm not sure what it's all about." We shared this with the registered manager. They told us they would speak with staff and explore more effective ways to ensure the training was effective.

Despite this people confirmed staff offered them choices and we observed staff sought consent before they provided people with assistance during both of our visits. One person said, "They (staff) talk to me and explain what they are doing. They always ask me if it's okay before they do things." Another said, "They don't do anything without asking me first."

People told us they thought staff were well trained to support them. One said, "I know staff have training, they tell me about that they have learnt which makes me feel they know what they are doing." Staff spoke positively about the on-going training they received and described how they put their training into practice.

One said, "I've learnt how to check if people have sore skin and I know to tell the manager about it so they can tell the district nurses." Another told us, "We had a nurse come and teach us about catheters, it was good because I know the signs to out for to indicate it [catheter] might be blocked."

Staff had regular opportunities to meet on a one to one basis with the registered manager which helped them to develop their skills and reflect on their practice. Staff also told us the registered manager regularly worked alongside them, observed their practice and gave them feedback so they could improve how they worked with people.

People provided positive feedback about the food provided and the mealtime experiences at the home. Comments included, "The food here is just the way I like it," and, "The chef does try hard to find food that I like. He'll come and ask me if there's anything else that he can get for me. He'll say do you not like what I've cooked? Would you like something else?" A relative commented, "The food always looks good and [person] has put weight on since they have been here."

People had opportunities to be involved in creating food menus. A food comments book was in use and we saw people had made suggestions for meals they would like to be added to the menu. The cook told us they used the feedback to develop menus in line with people's preferences.

Staff including the cook demonstrated a good knowledge of people's dietary needs. For example, some people were at risk of losing weight and we saw they were offered milkshakes fortified with milk powder and cream to increase their calorie intake.

People confirmed they received effective care, support and treatment from health professionals to maintain their health. For example, one person told us they had diabetes and the nurse visited twice a day to administer their insulin injections. We saw that the registered manager had taken pro-active steps to work with other healthcare services and records showed advice given by healthcare professionals such as, community dieticians was documented and the guidance was followed by staff.

People told us the design of the building supported them to live comfortably because there was a passenger lift and a stair lift which they used to gain access the different floors of the home. However, three people and one relative told us it was difficult for them to gain access to the seating area in the garden because it was accessed via a steep slope. One person said, "It's like Everest, it's too steep." We discussed the layout of the garden with the registered manager. They explained due to the structure of the garden it was difficult to make it more accessible. They agreed to speak with the provider to explore if access could be improved.

Some areas of the home needed refurbishment. For example, wallpaper was peeling from a wall in an upstairs corridor and a door in one person's bedroom needed fixing because it did not close securely in the recess. A staff member commented, "The premises do need an uplift to make it more alive." We discussed this with the registered manager who assured us the provider was making gradual improvements to the décor. A refurbishment plan was in place and new seating had recently been purchased to make the home a nicer place for people to live. One person commented, "I like the new chairs they are comfy."

Is the service caring?

Our findings

At our last inspection in February 2017 we rated the key question of caring as 'Good.' At this inspection we found people received the same level of caring support and the rating continues to be Good.

People and relatives spoke positively about staff. Comments included, "The staff are very caring. They always check that I'm feeling ok," and, "They (staff) are marvellous. I would give a 'big thumbs up' to the staff." Some people invited us into their bedrooms and we saw their treasured photographs and personal possessions were on display which people told us made them feel at home.

Staff told us they enjoyed working at the home and they felt people received good quality care. One staff member said, "I love all the residents and I make time to sit with them usually at teatime." Another said, "People are cared for well and we have lovely birthday parties for residents here."

The atmosphere at the home was warm and friendly. We spent time in communal areas of the home and saw interactions between people and the staff were positive. Our discussions with staff assured us they knew the people they cared for well. For example, one staff member described in detail a person's preferred routines and what was important to them from their perspective.

People were encouraged to remain independent. One person said, "You can't fault the staff. We are encouraged to stay as independent as we possibly can." We saw this happened during our visits. For example, we saw people were encouraged to walk around with their walking frames to maintain their mobility.

People told us they felt respected by the staff. One person explained this was because staff always knocked their bedroom door and waited for their permission before they entered. Another person said, "They (staff) are very respectful they listen to what I have to say and respect that I like to be on my own sometimes." A relative commented, "They [staff] respect my dad and they know what he likes."

People were supported and encouraged to maintain relationships important to them, and visitors were welcomed at the home. One person said, "My daughter and grandson visit. They come anytime that they want to."

Records showed people and their relatives had been involved in planning their care with a member of staff who knew them well.

We spoke with the registered manager about equality and diversity and how they ensured care was provided in line with the Equality Act 2010. An equality and diversity policy was in place and was accessible to the staff team. The registered manager understood the importance of promoting equality at the home as part of a caring approach. They told us, "We are all different here, everyone is welcomed with open arms." Staff had completed equality and diversity training and one told us, "Everyone is treated as an individual and we respect people's differences."

Confidential information regarding people was kept locked so people were assured their personal information was not viewed by others.

Is the service responsive?

Our findings

At our last inspection in February 2017 we rated the key question of responsive as 'Requires Improvement.' This was because limited social activities were available to people. During this inspection we checked and found improvements had been made. The rating has changed to Good.

People confirmed the quality of social activities had improved which supported them to maintain their hobbies and interests. For example, one person enjoyed going to the pub for meals. They said, "Yesterday we went out to the carvery. I really enjoyed it. The ring and ride bus picked us up, it was a good day out." Another told us, "Activities are better now we can join in if we want to and sometimes singers come which I really enjoy."

During our inspection we saw some people chose to spend their time playing games with each other and staff such as, dominies and snakes and ladders. Other people chose to spend time in the garden or watching television programmes. The registered manager told us they had worked hard to improve social activities and records showed meetings had taken place with people to plan upcoming activities in line with their wishes. For example, people had decided that they would like to go to the seaside and arrangements were being made for a day trip to take place in September 2018.

People had their needs assessed before they moved into the home to make sure their needs and expectations could be met. We saw information from these assessments had been used to devise individualised care plans which informed staff about how people wanted their care to be provided.

People's sensory needs had been assessed to check whether they needed glasses or hearing aids to support their communication and understanding of information. One person had a hearing impairment and their care plan accounted for their impairment ensuring that staff knew how best to support them. Staff understood the way people preferred to communicate which included using pictures and gestures. This helped them to understand what people were trying to tell them. A relative commented, "The staff can understand [person] no problem even though their speech isn't good."

Care plans we reviewed contained detailed information about people's preferences and daily routines which supported staff to provide person centred care. Staff told us they read people's care plans and spent time speaking with people and their relatives which helped them to learn about what people needed and wanted. Staff described to us in detail people's preferred routines. For example, one person liked to have a milky drink before they went to bed as this helped them to sleep well. Another, liked to spend time reading newspapers and listening to the radio. Care plans were reviewed and updated monthly if people's needs had changed.

Handover meeting records showed staff were updated about any changes in people's health or wellbeing during a verbal handover when they arrived for their shift.

Staff were responsive to people's needs. Some people lived with dementia and we saw staff engaged with

those people in a meaningful way and offered them physical and emotional comfort in line with good dementia care. For example, one person became anxious and we saw a staff member gave the person a hug which reduced the persons anxiety.

People's individual religious and spiritual needs were respected. Religious services from different faiths took place at the home each month. During our first visit representatives from a local church group visited the home to spend time with people. One person told us, "I like the church visitors, they bring us flowers and provide a bit of companionship for me."

At the time of our inspection the home did not support anyone who was moving towards the end of life. Care plans we reviewed detailed people's future wishes for end of life care, in the event they became unable to express themselves or state their preferences.

People knew how to make a complaint and felt comfortable doing so. A copy of the provider's complaints procedure was on display within the foyer of the home. However, during our first visit we saw some information was incorrect which meant people might not know who to inform if they were unhappy. During our second visit we checked and found the information had been updated.

Since our last visit the provider had introduced a complaints log. This showed three complaints had been received and resolved to the complainant's satisfaction in the 12 months prior to our inspection. The provider also kept a record of 'thank you' cards that had been received since our last inspection. This assured us people were happy with the care they received.

Is the service well-led?

Our findings

During the last four inspections of Fairfield Care Home we found the provider had failed to meet their regulatory responsibilities in relation to good governance and since 2015 has continually been in breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in February 2017 we rated well led as 'Requires Improvement' because quality monitoring audits, policies and procedures were not in place to ensure people were safe. The provider sent us an action plan which outlined the improvements they planned to make by July 2017.

At this inspection we saw the provider had completed some audits to ensure themselves people were kept as safe as possible. The provider and the registered manager also had weekly meetings to discuss the home and the care provided to people. However, we found lessons had not been learnt since our last inspection because some audits were not effective. For example, the provider had failed to take action when they had identified their recruitment procedures were not being consistently followed which placed people at potential risk.

Furthermore, the provider was heavily reliant on the registered manager to ensure the service was running effectively and this continued lack of oversight meant the opportunity to drive forward improvements to benefit people had been missed. For example, the provider had not checked if the audits completed by the registered manager were effective. We found medication audits had not identified medicine administration records were not being completed as required. We could not be sure staff checked people's medicines were correct before administering them and prescribed creams did not have the date they were opened or the date when they should be discarded recorded.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Following our inspection visits we identified that the provider was not keeping us informed of all incidents that they are required to inform us of. Such as, allegations of abuse and one incident that had been reported to the police.

This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009. Notifications of other incidents.

The provider's medication policy contained no guidance to support staff to administer, store or dispose of prescribed creams in line with in line good practice and legislation. Whilst we acknowledge action has been taken to address this issue the provider and the registered manager were not aware of this shortfall until we brought it to their attention.

At our last inspection we identified the provider's statement of purpose (SoP) had not been updated to

reflect that the home was supporting younger adults as well as people over the age of 65. A SoP is an important document that details what regulated activities the service is registered to provide and how they will meet the requirements of people using the service. Despite the SoP being updated in 2018 it continued not to reflect that the home was supporting younger people. We discussed this with the provider who told us they thought this necessary change had been made. The registered manager assured us they would update this information. Following our inspection, we received confirmation that a statutory notification had been submitted to amend the service user bands of the people who lived at the home.

Since our last inspection the management at the service had changed. The service had a registered manager who had worked at the home since June 2017 and had registered with us in May 2018. 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 provider's management team consisted of the registered manager and three senior care staff. The registered manager told us they were committed to improving the quality of care people received. We saw they had identified areas which needed improving and had either improved them, or were working towards those improvements.

The registered manager planned to start attending meetings in the local area with other registered managers. They explained attending the meetings would be one of their priorities in the next six months to support them to share good practice and continually develop their knowledge of health and social care.

People spoke positively about the registered manager and their leadership of the service. One person said, "I'm happy with how the home is run. The manager seems good." Another said, "This home is run well. I couldn't do any better myself. The manager is really approachable."

Staff told us they enjoyed working at the home and improvements had been made since our last inspection which made them feel more supported. One staff member said, "It's got better since (registered manager) has been here." Another told us, "She (registered manager) has made a lot of good changes, I like her and I feel confident if I had any problems she would sort them out for me."

The registered manager told us they had a 'hands on' approach and operated an 'open door' policy. We saw they worked alongside staff during both of our visits which meant they had an overview of how staff were providing care and support to people and also gave them the opportunity to speak with people and their visitors

We saw good team work and communication between the staff team and registered manager. For example, we saw staff confidently approached the registered manager who provided them with support and advice. We looked at communication processes which included handover records and communication books. This showed staff could pass on information and receive important messages from the registered manager.

Staff confirmed the registered manager was available when they needed them outside of their working hours. One explained to us they had telephoned the registered manager at the weekend and they had provided them with the advice they had needed which had made them feel supported.

The registered manager told us they felt supported by the provider. This was because the provider had listened to them and had started to refurbish some areas of the home to benefit people. The provider spoke

positively about the registered manager. They said, "She is brilliant, we work well together and the home is getting better all the time."

Staff told us they had regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement. One said, "We have team meetings and I have met the owner [provider]; I do feel valued and listened to and there are opportunities for me to progress here."

The registered manager and the provider encouraged feedback from people, their relatives, visitors and staff. Annual quality questionnaires were sent out to gather people's views on the service. Completed questionnaires from 2017 had been analysed and showed us people were happy with the service they received.

The home worked in partnership and shared information with key organisations such as, GPs and District nurses to ensure people received joined-up care which met their needs. Some links with the local community had been formed. For example, a summer fayre held in June 2018 had been attended by people, their families and local people. Also, people from local faith and community groups visited people who lived at the home frequently.

The provider has a legal duty to display their last inspection rating. We saw the rating was on display in the foyer of the home.

Following our inspection visits a local authority who funded the care of some people who lived at the home had visited. They identified concerns in relation to the quality and the safety of the care provided to people. In response to their concerns they had taken the decision not to admit further people into the home until improvements are made. Local authority commissioners are working with the provider to bring about the improvements required.

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 quality and safety of the service was not effectively monitored.