Blacklake Lodge Ltd

Blacklake Lodge Residential 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?	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 visit was unannounced and took place on 29 June 2017. At our last comprehensive inspection on 25 February 2017 the provider was rated as inadequate and this provider was placed into special measures by CQC.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We saw some improvements had been made, however the provider had not taken sufficient action to comply with the regulations recognising the importance of staffing, people's consent and capacity, person centred care, safe care and treatment, and good governance. The provider sent us an action plan on 3 March 2017 explaining the improvements they planned to make. At this inspection, we found improvements had been made in some areas, however in other areas there was insufficient improvements where compliance actions had been identified.

The service was registered to provide accommodation for up to 37 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 31 people were using the service.

The service did not have a registered manager. 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 had recruited a manager and we saw that they had commenced the process for registration with us. People and relatives told us that since the new manager had been employed they had seen some improvements.

The provider did not always notify us of events. Audits to monitor and evaluate the service were not completed to reflect on quality and drive improvements. The fire procedures and maintenance had not been completed; the provider has been advised by the fire service to make some improvements to meet the regulations.

Medicines were not always available when required to meet people's needs and , the stock had not been checked and maintained access to as and when required medicine had not always been available to support people's pain relief.

There was not always enough staff to support people's needs and respond when they required support. Not all the staff were able to provide us with the assurance they understood how to protect people from harm and the reporting process. Staff had not all received training to enable them to support people and initial inductions had not been completed to cover the required levels of support for their role.

People's capacity assessments had been completed to consider how the person can contribute to their decision making, however it was not clear how this assessment had been obtained. Best interest decisions had not been made with the relevant people to ensure the decision was the least restrictive. Some people were deprived of their liberty and the authorisations had been sought from the local authority.

People were able to make their preferences known, which had been documented in the care records. People were encouraged to be independent and make choices about how they spent their day. There was a complaints procedure and people felt able to raise any concerns.
People had established relationships with staff and felt cared for. People told us staff treated them with dignity and respect. Relationships and friendship that were important to people were maintained. Staff felt supported by the new manager and that things had started to improve.

We saw people had a choice of food and were able to make decisions about the menu and the meal experience. However it was felt more improvement could be made to ensure people received more hydration opportunities. When required support and advice around health and nutrition had been considered. Support from health professionals was requested and available when needed.

Risk assessments had been completed and guidance provided. The provider ensured appropriate checks before people worked at the service. We saw that the previous rating was displayed in the reception of the home as required.

We found 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?

Requires Improvement

The service was not always safe
People were not always responded to when they required support as there were not sufficient levels of staffing. People did not always receive their pain relief on time and there was no process in place to check the stock of medicine to ensure the correct levels for people's prescriptions. People were not protected from harm and staff had not received the correct level of training. Risk assessments had been completed to reduce risks and provide staff with guidance. There was a system to check staff were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not always effective
. Peoples capacity to make decisions was not adequately assessed. Other decisions had not been made in association with relevant people to ensure the decisions were in people's best interest. Arrangements had been made to improve the staff training; however these had not yet been completed. People received support to access health care when they needed it. People enjoyed the food and their weight had been monitored to ensure they received nutritional meals to maintain their health.

Is the service caring?

Good

The service was caring
People received care which was respectful and ensured people's dignity. Independence was encouraged and people felt happy and cared for living in the home. Relatives were welcome and had been encouraged to be part of the care planning process.

Is the service responsive?

Good

The service was responsive
People had been involved in their care plan to ensure the care they received was in accordance with their wishes and preferences. A range of activities were on offer to support people's interest or hobbies. People felt able to raise a complaint and that it would be responded to in accordance with the providers policy.

Is the service well-led?

Requires Improvement

The service was not always welled
The provider had not competed audits to consider areas of monitoring and improvements. Fire safety requirements had not been maintained. Notifications had not always been completed. Staff felt supported and people's views had been obtained and improvements made following feedback. The providers rating had been displayed in the home and on the website.

Blacklake Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of two inspectors 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 checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit

We spoke with eight people who used the service and five relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with four members of care staff, the cook, one visiting health professional, the manager and the provider. Prior to attending the inspection we spoke with two other health care professionals and the local authority commissioners for the service. We did this to obtain information about the service and

establish any changes since our last inspection. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We reviewed the care records for ten people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in February 2017 we found that the provider was in breach of Regulation 12, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people were safe and that they received their medicine as prescribed. The provider had also not ensured there was sufficient staff to meet people's needs. At this inspection we found that some improvements have been made, however further improvements were required.

We found that the staffing levels had been increased to provide people with support, however there were still periods during the day when people were not receiving a timely response to their needs. At our last inspection we identified that the lounge had not been occupied by staff for long periods. At this inspection we saw that that this practice continued with staff not always being available to respond to people's needs. The provider had completed an action plan following one person's fall, it stated, 'Someone should always be in the lounge.' We observed times of more than 10 and 20 minute periods when there was no staff present and during this time people did not receive the support they required. For example, we heard one person had asked for their breakfast, they sat at the table for 15 minutes waiting for their breakfast. Another person asked to be transferred from their wheelchair, which was positioned at the breakfast table, as they were uncomfortable. This person waited over an hour before they were supported to a comfortable chair. One relative told us, "I do worry at times that there is not always someone around in the lounge to help, if people need it." Another relative said, "In the day there is supposed to be someone in the main lounge area at all times but that is not the case. I have often been here and there have been long periods where there has been no one here. I am not talking just a few minutes. Residents who want the toilet have asked me to help them and I have had to go looking for staff." A staff member said, "It can be difficult to keep a member of staff in the lounge." This demonstrated that for some people their needs were not met in a timely way.

We saw that some people did not get up until 11.30 am. For one person it was their choice, however staff told us three people had to wait as the staff were busy. One person said, "There are staffing issues, they are getting more staff but could definitely do with more in the morning when they have to get everyone up." One relative told us their relative had to receive medical assistance following the identification they had become dehydrated. They said, "I am concerned about them getting infections and about the time they spend in bed without having a drink or food. They go to bed and sleep through then they don't seem to wake them so it's usually after 11.00am before they get up and have breakfast and a drink which is too long without anything" We asked the staff about the people who got up late and if they had received any refreshments or checks. They told us, they had not yet received anything. Some people had juice in their room, however it was not always positioned to be accessible to the person. We saw people who had got up late, after 11.00 am, did not receive any breakfast; they were given a drink and a biscuit. One person said, "I am having a biscuit before my breakfast, I don't know what's going on." Staff we spoke with felt they required another staff member to assist in the mornings. One staff member said, "We should have one person on the floor at all times, but it doesn't happen in the morning as we are getting people up." This meant we could not be sure people's needs were being met and responded to.

We saw the provider's action plan stated they would complete a dependency tool by the end of April 2017.

The manager told us they had not yet completed the dependency tool, as they had only just completed the care plans, and planned to use that information to consider the levels of people's needs. A dependency tool, looks at each person, the support they require and this information reflects the levels of staff required to meet these needs.

This demonstrates a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our last inspection we found several areas of concern relating to the administration of medicines. At this inspection we found there had been some improvement. For example, we observed the administration of the medicine and this was done with care and attention. People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this. The staff had received training in medicine administration, one staff member said, "I had some in-house training with a booklet and from the pharmacy who checked my recording on the MAR sheets."

However some people had not received their medicine to manage their pain. One person told us they had not been able to have their medicine during the previous night. The person said, "The cupboard was locked and I was told I had to wait until today, so I had no pain relief through the night." This was due to no staff being available with keys to access the medicine. We saw that other people were prescribed as and when required medicine, however there was no clear guidance as to when this should be given. Where people were unable to communicate their pain level, there was no guidance to assess how individual's expressed their pain.

Routine stock checks had not been completed. We reviewed some medicine and found the stock was not in line with the number which had been prescribed or number following administration. We saw one person's medicine that had only been in the home for one week, remained in the carrier bag it had been brought in with and had not been checked and locked away. This meant we could not be sure the processes were in place to maintain the stock or that people always received their medicines as prescribed.

This demonstrates a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At the last inspection we found that staff had not received recent training in safeguarding and were not clear on what aspects of concern they should report. The provider identified this in their action plan and has arranged training, however this has not yet been completed. No interim measure had been considered to provide staff with guidance. Therefore we could not be assured people were always protected from harm. For example, we identified one person had an unexplained bruise; this had not been seen or reported by the staff. We discussed this with the manager who arranged for the person to be seen by the GP and raised a safeguard referral to the local authority. Not all the staff we spoke with felt confident to know what incidents needed to be reported. One staff member said, "I am not sure what to report as things have changed since my last training." The staff told us they had not received updated training to provide the information and guidance they required in relation to safeguarding. This meant we could not be sure people would be protected from harm.

This demonstrates a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated

Activities) Regulation 2014.

At our last inspection people were not supported with their independence. At this inspection we saw this had improved. One person said, "Staff walk behind me to give me confidence and guide me." Many of the people using the service had poor mobility or were unsteady when moving around the home. We saw that staff guided people to encourage them to mobilise with walking aids. One person said, "I had a lot of falls before I came, I find there is someone around if I need help?" A relative told us, "[Name] can be unsteady and could fall. Staff walk with them and chat as they go along. I think this is good as it helps keep them mobile and independent." We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. The plan identified the risk and provided guidance to reduce the risk to the person.

Staff we spoke with told us they had received a range of checks before they commenced work at the home. One staff member told us, "I had my police check done and provided references, before I started working." We checked the records of three employees to confirm all the relevant checks had been completed. This meant the provider ensured staff were appropriate to support people.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in February 2017 we found that the provider was in breach of Regulation 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that when people lacked the capacity to make a decision this was done in line with the Mental Capacity Act. We also raised a concern regarding the level of training available to support staff in their role. At this inspection we found that some improvements had been made, however further improvements were required.

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

At our last inspection we reported that there had been no mental capacity assessments completed for people when they lacked capacity. At this inspection we saw that assessments had been completed for people who lacked capacity. However, the process was a tick box approach and did not provide the detail of how the decision relating to people's capacity and had been obtained. The assessment was generic and did not consider that a person could have differing levels of capacity dependent on the decision that needed to be made. For example to make decisions about their personal care, however not about going outside. We saw there had been no best interest meetings held to consider each decision and that the relevant people had been consulted. 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 and hospitals are called Deprivation of Liberty Safeguards (DoLS). We saw the manager had requested some DoLS applications from the local authority.

We recommend that the provider researches current guidance on best practice, to assess the capacity in relation to specific decisions for people living at the home.

At our last inspection visit it was identified staff had not received suitable and sufficient training. At this inspection we saw that some training had been planned and the initial section of training had commenced. However staff knowledge was sometimes limited which had an impact on them being able to respond with confidence. For example, types of abuse to report regarding safeguarding and knowledge in relation to peoples consent to care. Staff we spoke with about the Act and DoLS, told us they had not received training in this area. One staff member said, "I don't understand this yet, I am waiting for the training." Other staff had limited understanding and felt the planned training would assist them. They told us, "We have the new training planned, but it will take a while before we have completed it."

At this inspection we saw when new staff commenced their role within the home, they had not received any initial training. One person told us, "I am waiting for my log in so I can access the computer courses." The

staff member had not received any training in moving and handling, however they were supporting people to transfer. They told us, "I have come from a care background; I only assist with the hoist when I am with an experienced staff member." We saw this staff member had not received any supervision since commencing their role four weeks ago. We spoke with the manager about the induction training and they acknowledged this was an area they needed to develop and consider the care certificate for new staff. The care certificate has been developed to cover all the aspects of care required to support staff with their role in care. This meant we could not be sure staff were receiving the correct level of support for their roles.

At our last inspection visit we saw people were not supported to maintain their independence, through the use of equipment when eating their meals. At this inspection we saw some people had been offered equipment, however other people still required some support to promote their independence whilst eating and drinking. . For example, one person ate their meal with their hands and were not guided or given alternative food which may have supported this style of eating. We discussed this with the manager who told us they would look into this area and look to develop the meal experience.

Some people told us that drinks were not always available or promoted. One person said, "I have it in writing from when I came that we could have drinks anytime but it depends on who is on." We saw that jugs of juice were available in the lounge, however we only saw one person access the jugs. A relative said, "They have introduced jugs of juice, but people don't access them, however I think they have increased the fluid intake." Other people only received a drink when the trolley appeared or with their meal. One person said, "It would be better to have a hot drink after lunch rather than while they were waiting for the food to arrive."

People told us they enjoyed the food. One person said, "We have a choice of two hot meals every day and they come and ask you the day before what you want. It's good when they stick to the old stuff." Another person said, "Food has been a bit up and down but I think they have got the balance right now and are trying hard to give us what we want. The cook and other staff come and ask me what I think of things and on the whole it is good and you can always go back for seconds."

At our last inspection peoples weights had not been monitored and we could not be sure they received the correct dietary requirement for their needs. At this inspection we saw that people's weight was monitored and when a concern was raised the person had been referred to a health care professional. When different dietary requirements had been advised, we saw these had been followed. A relative told us, "[Name] has lost weight; I have found out today that they now have a fortified diet and they are being monitored." A fortified diet is when additional nutrients and vitamins are added to the food. Relatives were able to sit with their relation at lunchtime and encourage them. Other people chose to eat in their room or I the lounge with a small table.

People told us staff supported them with their health and wellbeing. One person said, "If I am not well I tell the senior and they get the nurse or the GP. They keep track of my hospital appointments and sort out the ambulance and everything and a carer goes with me." Another person said, "We have regular visits from the chiropodist and they also get the Opticians." During our inspection visit someone was unwell, they told us, "I am not feeling well today and so the manager has been to see me and they will keep an eye on me and see about the GP if needed." A health care professional we spoke with said, "Staff are helpful here. They know people and seem genuinely caring." They also told us, "Staff followed through any recording or guidance we have requested."

Good

Is the service caring?

Our findings

Our previous inspection in February 2017 we found whilst the provider was not in breach of any regulations there were aspects of care that could be improved to make people's experience more personal and respectful. We informed on these in our last report. During this inspection we found that the provider had made improvements.

People told us staff knew them well and had established relationships with them. One person said, "The staff are very caring, they are always polite, patient and respectful." Relatives we spoke with also felt positive about the staff. One relative said, "The staff are very caring and without exception they all treat everyone properly from what I have seen." Another relative said, "Staff are very friendly and they are very open and never try to hide anything." A staff member told us, "I enjoy my job and feel the care is getting better along with the atmosphere." Another staff member said, "It's important we look after people and give them the care they need."

People told us they enjoyed living at the home. One person said, "I do feel safe here because it's secure and I want for nothing. If I want it I have company. It can be very lonely and a worry living alone. I am very happy here." Another person said, "I did the right thing and am glad I came to this place. I have a lovely room which helps. The owner could not have done more to help. For example, I found the shower too stiff so a new one was installed and if I am cold they put the heating on."

People told us they felt confident in the staff. The person said, "Staff know what we need and what we like. I have no trouble at all with the staff and find them all very respectful." We saw how the staff encouraged people's independence and choices. For example, a family told us clothes have always been very important to [name] they like to be matched up and colour co-ordinated staff are mindful of this." We saw other people had choices of where they wished to sit or choice of activity, drink or cake.

Relatives told us they felt welcomed and relaxed at the home. One relative told us, "I come regularly and I am able to bring the dog along, which people enjoy." We saw relatives were welcomed and had been involved in the planning of the care. One relative said, "We discussed choices when we did the care plan, which they stick to. Their room is personalised and they choose their own clothes and sit with the people they like in the lounge."

People told us they felt their privacy and dignity was respected. One person said, "They always knock even when I have buzzed for them to come and I am expecting them." We observed staff knocked on doors and waited to be invited in before entering if the room was occupied. Another person said, ""If they shower me they always make sure that I have a towel handy and encourage me to do what I can for myself."

Good

Is the service responsive?

Our findings

At our previous inspection in February 2017 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that the care plans reflected the needs of people. At this inspection we found that the required improvements have been made.

People had been involved in identifying their needs. One person said, "I have been involved in my care plan right from the start. They asked all kinds of things so that they got a picture of what I like, and as well as what I needed." Other people who were important to them had been consulted. One relative said, "My relative has a new care plan which I have seen." Another family we spoke with said, "We have been involved in the care plan and the home went into great detail to find out what [Name] liked. They said it was important to them to make them feel more at home as well as the more obvious care needs. The form they use was very comprehensive." We saw that the care plans covered all aspects of the person's life and preferences and wishes. For example, the home has male carers and females using the service had been consulted about accepting them for their personal needs. One person said, "They asked if this was acceptable before the person came to help, to give me an opportunity to refuse if I wished."

The care plan also included food choices, times to get up and go to bed and the people who are important in their life. One person said, "I think that they know what they are doing and treat everyone properly. They know all about me, what I like and dislike and about my family." The care plans were easily accessible and we saw staff had completed daily notes to monitor people's needs. Staff we spoke with told us, "The care plans are much improved, the layout is easier and you can find things." A health care professional told us they had visited the home following some concerns, they then completed a follow up visit. They told us, "The care plan had been updated and contained all the relevant information. The new manager seems very approachable and willing to listen."

We saw the care plans had been reviewed when changes in the persons care needs had changed and that family had been involved when appropriate. One relative said, "We have recently had a review meeting which was instigated by the home. We are kept fully informed at all times and feel that if the family take an active role in our relatives care."

When people's needs changed, we saw there was a system in place to ensure these changes were handed over to the staff. People's needs could be discussed and any changes or required needs noted. For example, if someone required additional support or changes to their daily routine or care needs.

At our last inspection we asked the provider to make improvements to the stimulation on offer, we saw improvements had been made in this area. One person said, "We play Bingo and instead of prizes when you have won three times they put on an afternoon tea with cream cakes for you and two friends in the little dining room. I was the first to win and it was really lovely." Another person said, "The activity person does our nails and is really good at that .It makes us feel good as well as looking nice." A relative said, "Some people need help with a lot of daily activities due to their confusion and poor memory. They do encourage

them." The provider had recruited an activities person who worked Monday to Friday. One person said, "There was no activities until the new person came, they are very good. I am not sure if there is a programme as such but they try to get round everyone in the morning." The activities person provided a range of stimulation for people in groups and as individuals in the lounge or in people's rooms. We saw small groups of people being encouraged to play dominoes with varying degrees of success. Other activities were mentioned, however due to the relatively new post these had not yet been developed.

We saw the 'This is me' document had been completed, which provided information about the person's life and things they valued or had enjoyed. This information was being used to develop activities to relate to these needs or to generate conversations of interest with the person. For example, we heard conversations relating to events in the person's past, which shows the information was being used to develop positive relationships.

Some people choose their own entertainment. For example, reading and writing, or doing word searches. Some people enjoyed the daily paper for the crosswords as well as the news. This meant people were encouraged to engage in activities of interest to them.

People are aware of how to raise concerns or make a complaint and feel comfortable doing so. One person said, "I was unhappy with one aspect of my care which was not as I had been agreed. So I wrote out what had happened and what I wanted to change and took it to the owner. Within an hour the situation had been resolved and remained since." Relatives we spoke with felt able to raise any concerns, one said, "In general if we had concerns they do act on them, I cannot think of any examples." We saw the complaints policy was displayed and that when the manager had received any concerns they had responded in a formal way, some of these included a meeting with the person and their family following any investigation about the concern. This demonstrated that any concerns would be addressed to improve the experience for the person and their family.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in February 2017 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found that some improvements had been made, however further improvements were required.

The maintenance of the home in relation to fire safety had not been fully maintained. The provider was unable to provide us with a fire risk assessment or any actions they had taken to ensure people's safety in the event of a fire, or the need for people to be evacuated. Following these findings we asked the fire service to visit the home and complete their assessment. This was undertaken on 7 July 2017. At this assessment concerns were raised by the fire officer and the provider has been instructed to complete an action plan to ensure they meet the fire regulation requirements.

The manager had not completed an infection control audit and we saw that some areas of the home had a mal odour. In addition we saw that some areas of home required cleaning. For example, some carpeted areas in the lounge had stains on them and the tables had not been wiped after the meals had been completed. Some relatives told us, "I don't think it is that clean here There's a smell at times. It's not urine but a musty smell as though things are not 'bottomed' or cleaned thoroughly." Another relative said, "They don't wipe things down enough. The tables were not clean and felt very tacky. I wondered whose job it was as would only take a minute to come in and wipe the table." We also observed that the medicine room had not been cleaned for some time We discuss the cleaning of the home and the manager agreed to complete an infection control audit and address any areas of concern.

We found that systems were not always available to monitor the quality of the service. The provider's action plan stated that audits will be in place by 31 March 2017. However we saw that these had not commenced and the lack of audits had an impact on some areas of the home. For example, when incidents or accidents had occurred there was not a consistent approach to the recording of any actions taken. There had been no analysis completed to consider any trends or areas were action was required to reduce future risks. There had not been any medicines audits since our last inspection and we saw that errors in stock control and management of medicines was still an area of concern.

The manager had only been at the home for three months and had told us their main focus had been to make improvements for people. The provider had not completed any formal supervision or regular meeting with the manager. We could not be sure how agreed actions or timeframes in relation to driving improvements were established and monitored. For example the fire maintenance requirements and audits relating to the service and aspects of the running of the home.

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

At our last inspection the provider had not always notified us of events which occurred at the home. At this inspection we saw that improvements had been made, however we found that some events had not been notified to us. For example, a health conditions which was notifiable and unexplained injuries. We discussed these notifications with the manager and it was acknowledged they needed to ensure the information was sent to us in the future. The manager said they would review the guidance and the practice of the home for when they were not available to complete the notifications.

Since the new manager had been in post people told us the atmosphere within the home had improved. One person said, "The manager seems very capable, but she is quite new. You do see her out on the floor and if you ask staff anything about appointments for example she will come and elaborate." Another person said, "I think things have settled down enormously in the past few weeks and that the home is definitely coming out at the other end of the tunnel now." A relative we spoke with said, "I feel they are both approachable and usually around if I need to talk to them. The manager is determined."
The provider told us they had invested in a new call bell system. They hoped this would support the audit process so they could reflect on responsive approaches and other areas of care identified by the use of the system. In addition to this investment the home has planning permission for an extension. This will provided eight additional rooms, a hair dressing salon and bathing facilities.

The staff we spoke with felt that improvements had been made. One staff member said, "I had supervision with the provider, but I find the manager to be very approachable." Another staff member said, "The manager is really good at sorting things out straight away." Staff told us they felt confident they could whistle blow if necessary and it would be dealt with confidentially. One staff members said, "She is very discreet and professional." Whistle blowing is a policy to protect staff if they have information of concern. We saw that staff meetings had been completed which included information about the home and the things they planned to do. Memo's had also been used to pass on information, staff had been asked to sign they had seen and understood the memos.

The provider had asked for feedback from the people who use the service and relatives. One person said, "They do have meetings and now that I am getting settled in a routine I shall certainly be going and making a contribution" Relatives we spoke with also commented on the meetings, one said, "They had a general meeting about how they want to enhance things but we will have to see." Another said, "It has recently got a lot better all round and they are moving in the right direction if they carry out what they say they are going to do." We saw that at one of the meeting it had been identified that there were issues relating to peoples laundry. The manager told us they had recruited a person to complete the laundry daily to address this area of concern. They also added that a survey was to be sent out to seek people's opinions so they could keep making improvements in the home.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating and offered the rating on their website.

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 provider had not ensured medicines were available when people required medicine it was not always available. Stocks had not been audited to ensure they were available to meet peoples needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People had not been protected from harm and not all the staff understood what concerns to raise as safeguards.

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 established systems and processes to ensure the safety of the services being provided. Audits had not been completed to ensure risks had been reduced and improvements made. Maintenance of the fire safety procedures had not been completed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not deployed sufficient

numbers of staff to make sure they could meet people's needs. Staffing levels had not been continuously reviewed to adapt to the changing needs of people.