

The Beeches Residential Care Home Ltd

The Beeches

Inspection report

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Date of inspection visit:
31 January 2020
04 February 2020

Date of publication:
12 May 2020

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Beeches is a residential care home providing personal care and accommodation to 37 people aged 65 and over at the time of the inspection, some of which were living with dementia. One person was in hospital at the time of our visit, so only 36 people were present in the home. The service is registered to support up to 40 people in a single adapted building.

People's experience of using this service and what we found

Quality assurance systems had been introduced and improved since the last inspection, however further improvements were needed to ensure they were fully effective at identifying omissions and areas to improve upon. Despite medicine management improving, there were still some areas that required further improvement to ensure instructions were correct and complete for staff and that storage was always appropriate. Infection control had improved as areas of the home were cleaner, however some food hygiene practices needed improving. People were generally protected from risks although water temperatures were not always within a safe range and had not been rectified. Staff were not always deployed effectively which meant some communal areas were not always supervised and supported when they needed to be.

People had plans of care in place and these were reviewed, however reviews were not always clear. Staff knew people's needs and preferences. People were supported with their communication needs, but we discussed with the registered manager the need to have the ability to enable people to have access to their care plans in alternative formats if necessary. People had access to a range of activities and were positive about the activity coordinator. No complaints had been received but people and relatives felt able to complain. No one was receiving end of life care at the time of the inspection, but the management team were aware of their responsibilities to support people. Practical details about people's palliative care were in place, but this did not always encompass people's spiritual or specific preferences for the end of their life.

People were protected from the risk of abuse, staff understood their responsibilities. Safe recruitment checks were in place to ensure staff were suitable to work with people who used the service. Lessons were learned when things had gone wrong as the provider had acted upon feedback and accidents and incidents were now analysed for trends. People were safely supported with moving and handling.

People were supported to have enough to eat and drink and had a choice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received training to be effective in their role and were supervised to ensure they felt supported. People had access to a range of health professionals and daily meeting had been introduced to ensure people had a regular review encompassing most areas of their support. The home was adapted to the needs of people and equipment was available for use.

People were supported by a kind and caring staff team who knew people well. People were supported to

make decisions about their care and were supported to be as independent as possible. People were treated with dignity and respect and were given privacy when needed.

People, relatives and staff were complimentary of the registered manager, management team and providers. People, relatives and staff were engaged in the service. People were given the opportunity to discuss and plan for their protected characteristics. The provider had engaged in learning and improving the quality and safety of the service, with much progress being made, although some further improvements were needed. The registered manager was aware of their responsibility to be open and transparent if something had gone wrong. The service worked in partnership with other organisations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (initially published 20 August 2019) and there were four breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to the need for consent, safe care and treatment, good governance and the requirement to display performance assessments. The provider completed an action plan after the last inspection to show what they would do and by when to improve. A condition was imposed on their registration, so they had to submit a monthly report to us to update us on action taken.

At this inspection some improvement had been made however there continued to be a breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was no longer a breach of Regulation 11 and 20A at this inspection. We also found one other breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service has been in Special Measures since 20 August 2019. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Enforcement

We have identified breaches in relation to the oversight of the quality and safety of the service, managing medicines and risks to people and the deployment of staff.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Beeches

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors on the first day of inspection. One inspector returned on the second day of the inspection.

Service and service type

The Beeches 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The local authority did not have any information of concern to share.

We used all of this information to plan our inspection.

During the inspection

We spoke with three service users and seven relatives. We spoke with 10 members of staff; this included two care staff, a head of care, a domestic member of staff, a member of kitchen staff, the activity coordinator, the registered manager, a business director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with four visiting health professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We viewed a range of records. This included four people's care files and multiple medicines records. We looked at three staff files in relation to recruitment. The inspection team also looked at documents relating to the management and administration of the service such as audits, meeting records, procedures and surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and they fed back about actions they had taken.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. Many improvements had been made, but further improvements were needed in relation to medicines, the deployment of staff and food hygiene. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection there were concerns about safe medicines management which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found many improvements had been made however the provider remained in breach of this regulation.

- Medicines management had improved, but improvements were not fully embedded.
- There was an electronic medicine system so staff would input onto an electronic handheld device once a medicine had or had not been given. We checked stock levels in comparison to the system. The majority of medicines matched the records; however, there were two discrepancies that could not be accounted for.
- Instructions on the electronic systems did not always match how the medicines were being administered. One person had a medicine that staff were giving as a regular dose once per day, which was omitted if they became unsteady on their feet. However, the prescription instructions stated it was to be given on an 'as required' basis. This meant we could not be sure the person was having their medicines safely and there was no recorded evidence that this had been agreed with the prescriber.
- Another person chewed their medicines which multiple staff confirmed, however the instructions stated one of their medicines should not be chewed. The person's care plan also confirmed they tended to chew a variety of items. This had not been queried as chewing the medicine could change how it was absorbed by the person. Following our feedback, the provider took action to check this with a health professional.
- Another person was prescribed a medicine and the prescription stated it should be given twice a day, at teatime and night time, however it was being given in the morning and at teatime. Staff explained it had been discussed with a health professional however this was not documented and the prescription instructions had not been updated.
- Medicines which are needed 'as required', or PRN medicines, did not always have sufficient personalised guidance for staff to follow so there was a risk that people may not have their medicine when needed.
- The storage of medicines had improved, however further improvements were needed. The temperature of the fridge was being regularly checked, including the minimum and maximum temperatures it had been in-between checks. However, the area where the medicines trolley was being kept did not have the maximum temperature checked, which was higher than the recommended maximum, when we checked it. Following our feedback this was remedied and a prompt was added to the temperature recording records.

Preventing and controlling infection; Assessing risk, safety monitoring and management

At the last inspection there were concerns about the cleanliness and infection control procedures and about

assessing and managing risks to people's health and well-being in the service which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements, but further work was needed, so they remained in breach.

- We found food, such as condiments, in the kitchen fridges that were not labelled as to when it had been opened and manufacturer's guidance stated it needed to be consumed within a certain date range. Staff were not always clear when they had been opened.
- Kitchen staff did not have access to adequate hand washing facilities on the first day of inspection. The hand washing sink was full of tea bags and there was no soap available within the kitchen area. Following feedback, this was rectified.
- The water temperatures from sinks were being checked in people's bedrooms and from water outlets around the home. However, some of these readings showed the temperatures were over the recommended maximum temperatures for outlets in care premises, as set out in Health and Safety Executive guidance. These high temperatures had been identified ten days prior to the first day of our visit and action had not been taken to rectify them. The staff member checking the temperatures was not using the correct guidance, so did not realise some outlets were too hot. Once this was fed back, action was taken to reduce the temperatures and update paperwork to ensure if readings became high again, this would be identified.

The above constitutes a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the above concerns, the home was generally clean and tidy, and it was free from any unpleasant odours.
- Following the inspection, the service had a food hygiene inspection and they achieved the highest score of five out of five.
- Care staff members wore appropriate personal protective equipment (PPE), including gloves and aprons, when necessary, such as when serving food and administering medicines.
- People were protected from the risk in the event of an emergency. Equipment was available to help people evacuate, if needed. Checks were carried out on the building to ensure people remained safe and works were carried out if repairs were needed.
- We observed people being supported to move using equipment, this was done safely and was explained to people.
- The risks to people's health and well-being were now being assessed and managed safely. One relative said, "My relative had quite a few falls and they [staff] got a sensor for them." A sensor can be put in place to alert staff when people got up from a chair or out of bed so they could be supported.
- For example, one person was at risk of ingesting their topical medicines if the medicines were left in their room. These were now being stored away from their room. One staff member said, "[Person's name] can't have their medicines in their room, so we keep them in another place as they might eat them."
- We saw other plans in place such as how to support people with their agitation and staff were aware of how to support people.

Staffing and recruitment

- Staff were not always deployed effectively. There were periods of time when communal areas were unsupervised meaning people were not always supported when necessary. Whilst no one was harmed as a result of this, it showed staff were not always able to effectively monitor communal areas.
- For example, one person needed supervising when eating and they were left alone which put them at risk in relation to choking. The guidance from another health professional confirmed they should not be left unsupervised with food. Following our feedback, action was taken to ensure those who needed supervision with food were not left alone during meal times.

- Another person was mobilising with a frame whilst trying to carry a hot drink which they then dropped on the floor. Another person also dropped their hot drink on the floor whilst they were sitting at the table. No staff were present to support these people. A visiting health professional and the inspector had to intervene.
- We observed a person walking into the dining area and another person already seated loudly said to the person walking in to 'get off, go away' and then said '[they're] a horrible person' – no staff were around to intervene. On another occasion a person was getting agitated by the noise another person was making. This caused them to shout out towards the other person, no staff were around to observe this.
- The lunch time experience left people waiting a long time to be served food and due to the nature of some people's level of understanding, they would get up and leave the dining area as they had been waiting a while. Some people had been sitting since 12:00 and it was 12:52 until the first meal was served. People were also waiting for dessert after finishing their main meal until all others had finished; again, this led to some people leaving the dining room area. We discussed this with the provider and registered manager, and they explained they wanted meal times to be similar to having a family meal together where everyone sits down together. They reflected on our feedback and decided to trial different ways of serving lunch so people would not have to wait as long to be served. We received feedback from the registered manager that they felt lunch was now working well since changes had been made.
- People and relative's feedback was that there were generally enough staff, but that there could be certain points in the day that people had to wait; One person said, "Probably not [got enough staff], we get a bit of a bottleneck after tea where we all want to go to bed." One relative said, "Normally yes there is enough staff, but everyone wants to go to bed at once. Some people get agitated after tea." There was mixed feedback from staff about whether they felt there was enough staff; some felt it was enough but others did not.

The above constitutes a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely as checks on their suitability, such as references and criminal record checks, were carried out prior to their employment.

Learning lessons when things go wrong

- Lessons had been learned when things had gone wrong. Feedback from the last inspection had been prioritised and acted upon to ensure high risk actions were implemented quickly. Accidents and incidents were now being analysed more closely to identify trends and not just on an individual basis.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt safe. One relative said, "My [relative] is really safe here, it's fine."
- Staff confirmed they had training, and all knew the different types of abuse, how to recognise it and were aware of their responsibilities to report this. We saw appropriate referrals were made to the local safeguarding authority as necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People had sufficient amounts to eat and drink and were offered a choice. One relative said, "It [food] is lovely, it's really nice. I think they have a choice."
- People were offered drinks and snacks throughout the day. People were able to eat their breakfast at a time that suited them, rather than sit and wait for others, and there were a range of options available.
- Kitchen staff had received extra training to be able to present pureed food in a more appetising way using moulds, to encourage people to recognise and eat pureed food.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not having their capacity assessed. At this inspection we found improvements had been made so the provider was no longer in breach and people were now having their capacity assessed.

- People were now having their decision-specific capacity assessed and feedback had been acted upon. People also had DoLS applied for if they had restrictions, such as not being able to leave the building.
- We observed people being offered choices and their consent checked through the day.
- Staff understood what capacity meant and we aware of DoLS. One staff member explained, "It's about

making their own decisions, giving them the right [to make decisions] and not treating them as if they haven't got capacity."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals. One relative said, "They [staff] phone or let me know when I visit [about my relative's health]. My relative had some sores on their legs and [health professionals] came out." Another relative explained, "Staff called to tell me they had called an ambulance as they thought my relative had an infection."
- Visiting health professionals confirmed they received appropriate referrals from the staff and staff followed their advice. They confirmed staff were able to answer questions the professionals had about people's health and needs. One professional said, "Majority of staff can answer questions, or they go and find out for me."

Staff support: induction, training, skills and experience

- Staff received training, and this was tracked on a training matrix. Staff told us they found the training to be sufficient and confirmed they had an induction when they first started. One staff member said, "Training is quite in depth. We do tests afterwards." Another staff member said, "I feel trained to do my job now."
- Staff were also supported to undertake the 'Care Certificate' which is a nationally-recognised method of supporting staff new to care so they all received standardised training.
- We observed appropriate moving and handling techniques being used which showed staff training had been effective in that area. Staff could all tell us about safeguarding and about the MCA. Staff had also received more in depth fire safety training following the last inspection.
- Staff received supervisions so they could feedback about how they felt and so the supervisor could do a spot check on their understanding of some topics such as safeguarding and MCA.

Adapting service, design, decoration to meet people's needs

- The home had adaptations to ensure it was appropriate for the people at the service and moving and handling equipment was available for people as necessary.
- Some redecoration had taken place and some people had personalised doors to help them identify their own room. Facilities were also clearly signed such as the bathrooms.
- People were able to personalise their bedrooms. One relative said, "They can put whatever they want in their rooms, they can bring their own furniture, we have brought photos." Another relative confirmed they had been able to bring in photographs to display.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us they felt staff were kind and caring. One person said, "They're nice [the staff]. I wouldn't speak to them if they weren't!"
- Comments from relatives included, "I can't praise them [staff] enough they are fabulous," "Staff are respectful and polite, they are always kind" and, "Everyone is so friendly and chatty with the people. The staff are really very kind and considerate."
- A visiting health professional said, "Some of the staff are really caring. I've not seen anything concerning." Another visiting health professional also confirmed they had no concerns about staff attitude.
- We observed many caring interactions between people and staff, staff would mostly get down to people's level whilst they were sitting so they could speak with them more easily. Staff would use effective techniques to engage with people.

Supporting people to express their views and be involved in making decisions about their care

- People told us they could make their own decisions, such as where to spend their time and on food. One person said, "We can do what we like. If I want to say no, I can. I can have lunch in my room if I want."
- A relative said, "The staff get my relative up and involved when my relative wants to."
- We observed people having their meals in locations other than the dining room, which was their choice. Staff confirmed people had a choice of different food if they did not want the main menu options, "They can get off-menu if they don't want the choice." We observed people having a range of breakfasts and other meals.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Relatives confirmed people were supported to be independent. Some people were able to have their own keys for their rooms, so they could come and go as they pleased.
- A relative said, "Oh yes [my relative is supported to remain independent], if my relative wants something they can ask for it. We [as a family] can ask for it if my relative hadn't thought of it."
- Staff were all able to give examples of how they supported people to maintain their dignity during personal care, such as keeping them covered and ensuring doors and curtains were closed. We observed staff maintaining people's dignity when being hoisted by covering them. Staff knocked on people's doors prior to entering.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People did not always receive care in a way that met their needs. We saw one person who liked to use a particular item to help soothe them, however, they were not always being given their preferred item which led them to using unsuitable items as comfort. This was not a person-centred approach.
- People were not always supported at lunch time in a timely manner which left some people waiting too long. Some people were also sometimes being left unsupervised in communal areas which meant people were not always supported in a personalised way.
- The electronic system clearly showed an audit trail to evidence people's plans had been reviewed regularly, however when changes were made this had not always been done in a clear way. Updates were not always dated within the text so when reading, it was not clear what, if anything, had been changed or if the information was still relevant. This meant there was a risk outdated information may still be present or current information may not be clear, so people may receive inconsistent care.
- The registered manager explained to support people with communication, they said, "We'd communicate and ask people about things like what they would like to eat." There was a pictorial menu available to help people make choices. The registered manager was unclear if they would be able to produce care plans in alternative formats to cater for people's differing reading needs, as they had an electronic system and they were unsure if it could be printed differently.
- Despite this, relatives were positive about how well staff knew people and were supported. One relative said, "They [staff] know all the clients, staff go out of their way. They know what people like." Another relative said, "Oh gosh yes [the staff know their relative]. They are always asking and suggesting things." They also confirmed they felt involved in developing care plans, "They [staff] asked me about my relative's needs."
- A new process had been introduced called 'resident of the day' where staff within the home would focus on two people a day to ensure everything was up to date for those people. This included maintenance of their room, the domestic team for cleaning their room, care staff to ensure plans were up to date and the kitchen team. Management and staff fed back this was a useful addition to ensure people were regularly reviewed. One relative said, "I think the huddle [another name for the 'resident of the day'] they have done is great."

End of life care and support

- No one was receiving end of life support at the time of our inspection. However, the management team

were aware of their responsibilities in getting other organisations involved to support someone nearing the end of their life.

- No completed end of life plans were seen which covered people's spiritual or cultural preferences, however we saw involvement in plans from a local hospice which included practical details. We discussed this with the registered manager and provider that it would be beneficial to have detailed plans about people's end of life preferences should people choose to discuss this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by an activities coordinator who knew people well and arranged a variety of events for people to partake in. There were regular entertainers who visited the service and we observed a singer who visited. One relative said, "They have social events each year. They have entertainment on a Friday."

- People had access to daily newspapers and could choose what activities to partake in. One relative said, "The activities member of staff is fantastic, there's always something going on. If people want to go and sleep they can, they don't make them do anything. They have Christmas and autumn fairs. Think I have seen photos of bingo. There was a trip to [a local attraction] last year."

- Visitors were made to feel welcome and could visit at any time. One relative said, "I feel welcomed by staff when I visit." Another relative said, "We can come to suit ourselves."

Improving care quality in response to complaints or concerns

- People and relative felt able to raise complaints. A person said to us, "I'd go to the [registered] manager. We could go to [the two names of the providers] as well. We only have to mention it to the staff, and they sort it." A relative told us, "I'd feel able to go to the [registered] manager but not needed to."

- No recent complaints had been raised at the service however there was a system in place to ensure these would be investigated and responded to, should one be received.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we had significant concerns about the way in which the quality and safety of the service was being monitored so there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found there had been improvements however concerns were still identified which meant they were still in breach.

- New systems had been put in place which had made many improvements, but they were still being embedded and they did not always fully cover all areas needed. For example, kitchen audits were being carried out which looked at cleanliness and hygiene, however it did not cover the food in the fridge which we found was not always appropriately labelled or disposed of when past the manufacturer's instructions and hand washing facilities were not always usable.
- Evidence that action had been taken in response to a person losing weight was not always clear. One person had lost weight, whilst it was verbally explained to us that this had been discussed with a health professional and we were told that there were no concerns, this was not documented.
- New medicines audits had been introduced which meant stock levels were overall more accurate. However, audits had not identified the omissions we found, such as incorrect instructions on the electronic system in comparison to what staff were actually doing and insufficient PRN guidance.
- Despite water temperature checks being carried out, it had not been identified that these were sometimes outside of the safe range. Action was taken following our feedback.
- Lifting equipment in the service was being checked, however this was noted as needing to be completed every 12 months. However, the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) state checks should be made every six months. Checks on equipment had been made within the last six months, but there was a risk this may not have been carried out in the correct timescales.
- It had not been recognised that staff were not always effectively deployed so people were not always receiving personalised care that met their needs. A dependency tool was in use to ensure there were enough staff in the home, however staff were not always where they needed to be.

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

- A new lead for health and safety, including medicines and building and fire safety, had been introduced who had made many improvements to systems and in evidencing checks had been carried out. The

provider was also more involved in the monitoring of the service and ensured audits were being carried out.

- Accidents and incidents were now being reviewed to look at overall trends and to ensure appropriate action had been taken, to help monitor the ongoing safety of people.
- Work had been undertaken to improve fire safety and the provider was more proactive in ensuring staff knew how to respond, practice evacuations and drills took place, there was information readily available for staff about fire zoning and advice from the fire service and the CQC had been acted upon.
- At the last inspection the CQC rating was not being displayed either on the website or in the home which constituted a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the most recent rating was being displayed both on their website and in the service so there was no longer a breach.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt positively about the registered manager and providers and felt engaged in the service. One relative said, "The staff and management all care. I think they've done so much. They've made subtle changes." The relative went on to explain how they had discussed the improvements needed following the last inspection and had been able to make suggestions which they said had been taken on board.
- There were some 'Resident Ambassadors' who were able to speak up and feedback about their experience of care and be involved in resident meetings. Relatives confirmed there were meetings they were able to attend every few months.
- We saw evidence of people, relative and staff meetings so they could feedback and offer suggestions. One meeting discussed having a pictorial menu, which has since been put in place. Meetings also discussed the last inspection and the registered manager and provider were open and honest about improvements needed.
- Staff felt positively about the new daily meeting regarding the 'resident of the day', one staff member commented, "I think they're [the daily meeting] good, everyone can voice their opinion."
- People were offered the opportunity to discuss their protected characteristics, such as religion, sexuality, age and gender, as specified in the Equality Act 2010. In the provider's PIR submission, they stated they had not done any specific work around any protected characteristics but explained, "Each resident has had the opportunity to discuss their protected characteristics in a private place with the manager within two weeks of moving into the service." We saw evidence of this being completed.

Continuous learning and improving care

- The provider and registered manager had learned and taken action following feedback at the last inspection and had made some improvements to the service, although further improvements were still needed. Overall the rating had improved. One relative said, "I know sometimes the evidence doesn't show it, but I have spoken to the [registered manager and providers] and they have taken on board what CQC said. Hopefully you have seen an improvement on that. I think they should be applauded."
- Competency checks on staff were now being completed more regularly. A tracker had been put in place so the registered manager knew when checks on staff competency had been completed, and when they were next due.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility in relation to duty of candour. They said, "It's about holding your hands up to mistakes." They went on to give us an example of how they would respond to an incident such as missing someone's medicines, the action they would take and who they would

inform.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives felt positive about the registered manager and providers and felt they were approachable. One relative said, "The managers are good, they are respectful and considerate really." Relatives had been kept up to date with changes in the service and improvements the provider was making.
- Staff also felt positively about the management support. One staff member said, "I feel I can go to them [the registered manager and providers]. They're really friendly and helpful. You don't have to worry about speaking to them."
- A visiting health professional said, "I feel able to go to the [registered manager], [deputy manager] or any of the heads of care. I can quite happily explain things to them."
- The registered manager and providers had a good working relationship and staff were able to interact with them through the day.

Working in partnership with others

- The service worked in partnership with other organisations, such as the local authority and other visiting health professionals. We observed multiple health professionals visiting the service. The registered manager and provider worked with the fire service to make improvements to the quality and safety of the service. The provider was receptive to and took action following feedback.

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 Medicines were not always managed safely. People were not always protected from avoidable risk.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had been introduced which had made some improvements to the service, however these were not always fully effective at ensuring all areas for improvement had been identified and rectified.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always effectively deployed to ensure people were supported when they needed it.