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Threen House Nursing 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 comprehensive inspection took place on 25, 26 and 29 January 2018. The visit on 25 January was unannounced and we told the provider we would return on 26 and 29 January to complete the inspection.

At our last comprehensive inspection on 9 and 10 August 2017 we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not comply with regulations when carrying out regulated activities and had not taken action to address concerns raised in previous inspection reports; the provider did not carry out checks on nurses and care staff they employed to make sure they were suitable to work with people using the service; health and safety checks the provider carried out did not always identify possible risks to people using the service; staff did not receive the training they needed to care for and support people using the service and the provider did not always deploy staff in a way that ensured the safety of people using the service; some parts of the premises were in need of redecoration or refurbishment and staff did not always treat people using the service with respect and the provider did not always demonstrate respect for people's dignity and privacy.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, is the service Safe, Effective, Caring and Well-led to at least good. The provider sent us an action plan dated 13 October 2017 in which they told us they had already completed actions to improve standards in the service.

Threen House Nursing Home 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 accommodates up to 26 older people in one adapted building.

The provider is registered with the Care Quality Commission (CQC) as an individual and there is a condition on their registration that they appoint a registered manager. The provider appointed a manager in August 2017 and they completed their registration with the Care Quality Commission on 29 December 2017. 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.'

At this inspection we found one breach of the Care Quality Commission (Registration) Regulations 2009 as the provider did not inform CQC of the outcomes of applications they had made to the local authority for authorisation to deprive people of their liberty.

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.

Whilst the provider analysed individual incidents and accidents to make sure people received the support they needed, they did not systematically analyse all incidents, accidents and pressure ulcers to identify if there was any action that needed to be taken at a service level to prevent recurrence.

There were systems in place to keep people safe and staff had the training they needed to follow these.

The provider and registered manager assessed possible risks to people using the service and took action to mitigate these. The provider and registered manager also carried out checks on nurses and care staff they employed to make sure they were suitable to work with people using the service.

Staff had the training and support they needed to provide effective care and support to people using the service.

People using the service and their relatives told us they were involved in planning their care and could make decisions about the support they received.

People told us they enjoyed the food and drinks provided in the service and staff supported people to eat and drink enough to maintain a balanced diet.

People had access to the healthcare services they needed and they received the medicines they needed safely.

Since our last inspection the provider had improved the standards of accommodation they provided.

People using the service and their relatives told us staff were kind and caring. The atmosphere in the home was calm and relaxed, staff interactions with people were kind and respectful and they had a very good knowledge of the people they supported. Staff respected people's privacy and dignity.

People told us they were happy with the care and support they received and this was tailored to their personal needs and wishes.

The provider planned people's care and support with them and with people who knew them well, such as their relatives, staff and relevant health and care professionals.

The registered manager reviewed support plans each month to ensure they remained relevant and up to date.

The provider managed any complaints in line with their procedures.

The provider and new registered manager had made improvements to address most of the concerns we had at previous inspections.

The provider consulted people using the service and staff about the care and support people received.

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.

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 

Not all aspects of the service were safe.

The provider was not able to show how they had learnt lessons from incidents that affected people using the service.

There were systems in place to keep people safe and staff had the training they needed to follow these.

People using the service received the medicines they needed safely.

The provider and registered manager assessed possible risks to people using the service and took action to mitigate these.

The provider and registered manager carried out checks on nurses and care staff they employed to make sure they were suitable to work with people using the service.

Is the service effective?

Good 

The service was effective.

Staff had the training and support they needed to provide effective care and support to people using the service.

People using the service and their relatives told us they were involved in planning their care and could make decisions about the support they received.

The provider acted in accordance with the requirements of the Mental Capacity Act 2005 to promote people's rights.

People told us they enjoyed the food and drinks provided in the service and staff supported people to eat and drink enough to maintain a balanced diet.

People had access to the healthcare services they needed.

Since our last inspection the provider had improved the standards of accommodation they provided.

Is the service caring?

Good ●

The service was caring.

People using the service and their relatives told us staff were kind and caring.

The atmosphere in the home was calm and relaxed, staff interactions with people were kind and respectful and they had a very good knowledge of the people they supported.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People told us they were happy with the care and support they received and this was tailored to their personal needs and wishes.

The registered manager planned people's care and support with them and with people who knew them well, such as their relatives, staff and relevant health and care professionals.

The registered manager reviewed support plans each month to ensure they remained relevant and up to date.

The provider managed any complaints in line with their procedures.

Is the service well-led?

Requires Improvement ●

Not all aspects of the service were well led.

The registered manager did not notify the Care Quality Commission (CQC) of the outcome when they applied to the local authority for authorisation to deprive people of their liberty.

The provider and new registered manager had made improvements to address most of the concerns we had at previous inspections.

The provider had appointed a qualified and experienced manager who started work at the service in August 2017.

The provider consulted people using the service and staff about the care and support people received.

Threen House Nursing 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 25, 26 and 29 January 2018. The visit on 25 January was unannounced and we told the provider we would return on 26 and 29 January to complete the inspection. Two inspectors carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the location. This included previous inspection reports, the action plan the provider sent us after our last inspection in August 2018 and statutory notifications the provider sent us about significant events and incidents affecting people using the service.

During the inspection we spoke with five people using the service and observed care staff interacting with and supporting other people who were living with the experience of dementia. We also spoke with the relatives of two people using the service, the registered manager, the provider and six members of the staff team. During lunchtime on the second day of the inspection 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 reviewed four people's care records, including their care plans, risk assessments and daily care notes, four staff recruitment, supervision and training records and other records related to the day to day running of the service. These included audits and checks carried out by the provider and registered manager, accident and incident reports, the record of complaints received and medicines management records for eight people. We also contacted seven health and social care professionals who worked with people using

the service for their views on the care and support people received. Two of them sent us their views.

Is the service safe?

Our findings

At our last comprehensive inspection in August 2017 we found the provider had breached Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as they did not carry out checks on the staff they employed to make sure they were suitable to work with people using the service. The provider sent us an action plan dated 13 October 2017 and told us they had made changes to address the breach of regulation we identified.

During this inspection we saw the provider had taken action to meet the regulation. Each of the staff recruitment files we reviewed included an application form, interview record, employment history, references from previous employers, proof of the person's identity and right to remain and work in the United Kingdom and a Disclosure and Barring Service (DBS) criminal records check. The registered manager told us they had identified that some DBS checks had not been renewed for a number of years and they had requested all care staff to apply for an updated check.

The provider and registered manager carried out checks on nurses and care staff they employed to make sure they were suitable to work with people using the service. The registered manager told us they had taken responsibility for staff recruitment following their appointment in August 2017. They had appointed a number of new care staff and their recruitment records showed they had completed checks on the person's identity, qualifications, previous employment history and membership of professional bodies. This showed that the provider carried out checks to make sure staff they employed were suitable to work with people using the service.

At our last inspection we found the provider's health and safety checks did not always identify possible risks to people using the service. The provider sent us an action plan dated 13 October 2017 and told us they would make the necessary improvements. During this inspection we saw the provider had taken action to mitigate the risks we identified. They had replaced a broken light fitting in one bathroom and staff followed the provider's procedures for the Control of Substances Hazardous to Health (COSHH) to make sure they stored cleaning products securely.

At this inspection we found the provider was not able to always show they had learnt lessons from incidents that affected people using the service. For example, the registered manager provided evidence that they carried out audits of falls and this showed one person had two falls and an injury in December 2017. These incidents were discussed at daily handover meetings and weekly clinical meetings and people were referred to healthcare professionals as required. However, there was no evidence that the registered manager had analysed all incidents and accidents at a service level to identify possible trends and patterns from a service delivery perspective to prevent recurrence.

Also, the monthly audit of skin integrity showed that two people each had a grade 2 pressure ulcer in December 2017. Whilst each case has been reviewed in daily handover meetings and weekly clinical meetings, there had not been an analysis to review the management and development of pressure ulcers in the home to identify if there were any lessons or preventative action that the provider needed to take at a

service level as part of their risk management system.

People using the service and their relatives told us they felt safe using the service. Their comments included, "I know I'm safe, my [family member] visits", "Oh yes it's safe. They [the staff] are always around" and "Yes I feel safe. If I need anything I would call the staff. People's relatives commented, "We have no concerns about [family member's] safety, we know she is perfectly safe when we're not here" and "I find it very personal. I don't worry about anything. My [family member] had complex needs. I am positive if not for here, he would have died sooner."

The provider had a policy and procedures for safeguarding people using the service, training records showed nurses and care staff had completed safeguarding and whistle blowing training and they were able to tell us about the types of abuse people were vulnerable to and the action they would take if they had concerns. Their comments included, "I did safeguarding refresher training not long ago. I'd tell the manager and there's a number to ring the local authority", "I did training a couple of months ago. I would report concerns to the staff nurse or straight to the Care Quality Commission (CQC) or the local authority", "I did the training in December 2017. Whistle blowing is a safeguarding method to raise concerns outside the work place", "If I see something I report it to the nurse in charge straight away and record it" and "I would always report to whoever is in charge and record everything. If they didn't take action I would report to CQC or call 999".

The provider and registered manager assessed possible risks to people using the service and took action to mitigate these. People's care records included assessments of risk including falls, fire safety, choking, skin integrity, and nutrition. Where the registered manager identified a possible risk, they gave nurses and care staff clear guidance on how to mitigate this. For example, care staff had guidance on the support each person needed in the event of a fire and the equipment they needed to use to support people with their mobility. Choking risk assessments showed where people needed a special diet and the registered manager developed these with advice and support from the speech and language therapy service.

People using the service received the medicines they needed safely. We saw that an audit by the Clinical Commissioning Group's pharmacist in May 2017 concluded, "Overall the medicines management within the home has been well run." The registered manager confirmed that the pharmacist had carried out a follow up visit in December 2017 when they confirmed the provider had met all of the recommendations made at the initial visit. The provider had protocols in place for the covert administration of medicines and PRN ('as required') medicines they had agreed with the GP and pharmacist. Staff completed training in medicines management and training records showed this training was up to date. Nurses completed Medication Administration Record (MAR) sheets when they supported people with their medicines. They did this accurately and we saw no errors or omissions.

Care staff told us they had access to personal protective equipment (PPE) when they supported people with their personal care. This included gloves and aprons and we saw care staff used these when needed. The provider employed domestic staff to clean the service and we saw that all parts of the premises were clean, tidy and odour-free during our inspection.

The registered manager showed us that service records for equipment used in the home were up to date. This included hoists, assisted baths and mobility equipment. We saw that the maintenance of equipment record lists the date of the last certificate and when the next one is due. Lifting equipment was serviced on 11/11/2017, the gas safety certificate was dated 14/01/2017 and the registered manager told us an appointment was already booked, the legionella certificate was dated 24/01/2017 and the electrical safety certificate 02/03/2017. The registered manager confirmed that care staff checked opening restrictors fitted

to people's bedroom windows when they checked their rooms each day and we saw these checks were recorded.

Is the service effective?

Our findings

At our last comprehensive inspection of the service in August 2017 we found that staff working in the service did not receive appropriate support, training, supervision or appraisals to enable them to carry out the duties they were employed to perform. The provider sent us an action plan dated 13 October 2017 and told us the registered manager had taken action to ensure staff completed the training and support they needed to care for people using the service. During the January 2018 inspection we saw the registered manager had reviewed the provider's training systems for nurses and care staff and ensured that all staff were aware of the importance of completing their mandatory training. Records showed that the registered manager had planned a programme of training for each member of staff to make sure they had the knowledge and skills they needed to work with people using the service.

The programme showed that by the end of March 2018, all staff would have completed all of the training modules the provider considered mandatory. This included safeguarding adults, infection control, moving and handling, dementia awareness, health and safety and medicines management. The programme ensured that staff who had worked in the service for some time completed refresher training and new staff completed training that met the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

We saw staff completed a workbook for each module, the registered manager marked this and assessed the member of staff's competency to carry out their roles safely and effectively. This was evidence the provider and registered manager had taken action to address the concerns we identified at the last inspection that staff did not receive the training they needed.

The Care Certificate is a set of standards for social care and health workers. It is the minimum standard that should be covered as part of induction training of new care workers. New care workers should complete this training within six months of starting work. Where staff were new to the service, the registered manager had allocated an experienced member of staff to act as a mentor during their induction training. Records showed new staff completed training that met the requirements of the Care Certificate.

Staff records also included details of supervision the registered manager completed with nurses and care staff. The records showed the registered manager observed staff while they carried out a task, for example, administering medicines or assisting a person with feeding. We discussed this with the registered manager who told us they would develop the supervision sessions to include staff performance, training and development needs, once they had completed the initial series of supervisions with each member of staff. They also told us they intended to delegate the supervision of care staff to nurses, once they had recruited a full team of permanent staff.

People using the service and their relatives told us they were involved in planning their care and could make decisions about the support they received. Their comments included, "I'm an early riser but I might stay in bed some days. I get up when I want to", "I can get up and go to bed when I want. The staff help me to

choose my own clothes every day" and "Since the new manager arrived we have been more involved in the care planning. They talk to my [family member] and to us and we all agree the best way forward. [The registered manager] is very good at explaining options". Care records we checked included a "This Is Me" booklet that had been completed by the person's family. This included valuable information for staff about the person's life history, significant events and people, likes, dislikes and preferred routines.

The provider assessed people's needs and delivered care and support effectively. Care records we reviewed included an assessment of the person's health and social care needs and guidance for nurses and care staff on how to meet these in the service. The nurses and care staff we spoke with knew people using the service well and could tell us about their care needs. People's care plans covered their needs around dementia care, communication, social and leisure activities, nutrition and hydration, medicines management and mobility. The registered manager had also produced a one-page summary of each person's care needs so that nurses and care staff had up to date information about how to support them.

The registered manager had reviewed each area of each person's care plan monthly to make sure that information was up to date. Where they identified change in a person's care needs they took action. For example, where one person's health had deteriorated, we saw the registered manager had worked with palliative care services to make sure there was an end of life care plan in place and staff knew about this.

People told us they enjoyed the food and drinks provided in the service. Their comments included, "I can eat what I want, I just have to ask", "There's a good choice and the food is very good", "The food is very good. We get a list in the morning and we can check", "The food is nice and the staff are good. I can choose what I want" and "On the whole it is good, I can always ask for something else".

Staff supported people to eat and drink enough to maintain a balanced diet. We saw the provider offered a choice of main courses at mealtimes and catering staff checked with each person during the morning to confirm what they wanted for lunch. Where people did not want the choices they were offered, we saw staff encouraged them to choose something they would like such as an omelette or sandwich. We also saw staff offered people choices of hot and cold drinks throughout the day and fresh fruit was available in communal areas.

The registered manager liaised and worked with other services to make sure people received the care and support they needed. We saw they had consulted with other health and social care professionals including tissue viability nurses, GPs, the pharmacist, mental health and palliative care services. Where other professionals prescribed treatments or provided advice we saw the registered manager updated the person's care plan and informed staff at regular clinical or team meetings. For example, one person's care records incorporated advice from the palliative care service and staff were able to tell us about how this affected their care of the person.

People had access to the healthcare services they needed. Each person was registered with a GP and their records included evidence of referrals to opticians, dentists, hospital clinics and chiropodists. A relative told us, "We never have to worry about my [family member's] health. She is well looked after and they always tell us if there are any changes or if they have to call the doctor".

Since our last inspection the provider had improved the standards of accommodation they provided. The location is a large, converted, detached residential property and accommodation is provided on four floors. Rooms were spacious and bright. The provider told us they planned to reduce the number of shared bedrooms, unless people specifically chose to share with a spouse, sibling or friend. There was a lounge / dining room on the ground floor and a large, bright conservatory where a number of people told us they

enjoyed spending their time. People also had access to a large garden.

Since the last inspection, we saw the provider had redecorated most parts of the service, including people's bedrooms and communal areas. People's bedrooms were spacious, clean, bright, well decorated and furnished. Care staff had supported people to personalise their rooms with their own possessions including photographs and items of furniture.

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. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found that, although there were some restrictions placed on people for their safety, these were agreed and in the person's best interests so people were not deprived of their liberty unlawfully. The registered manager had applied to the local authority for authorisation when they needed to and authorisations were in place when necessary. Where one person's relatives held Lasting Power of Attorney (LPA) for health and welfare issues, we saw the provider had a copy of the LPA on the person's care records.

Staff were able to tell us how they sought people's consent and acted in their best interests. During our inspection we saw nurses and care staff explained to people the support they were providing and made sure people understood what was happening. When we asked staff how they ensured people made their own decisions they told us, "We have discussions with people and their relatives and people's care plans have their best interests decisions" and "When I approach a person I assume they have capacity. People must be involved in their own care".

Is the service caring?

Our findings

At our last inspection in August 2017 people were not always treated with respect and in a dignified way. Cameras used to monitor two people in their bedrooms were located in a public area and a volunteer did not always treat people in a caring way when they supported them at mealtimes. Following our inspection the registered manager sent us an action plan and told us they had addressed the concerns we raised.

At the inspection in January 2018 we saw the registered manager had relocated the cameras to a private area used only by staff and had made changes to the service's job description for volunteers to make sure they did not support people at mealtimes.

People using the service and their relatives told us staff were kind and caring. Their comments included, "The staff get my food right and they talk to me. They know all about my [family members]", "[The staff] are very good, very kind to me" and "I have no complaints, they do their best and are very kind". Relatives' comments included, "I do believe they provide care as best they can in a home environment. When you come here, you feel like you're entering into a community. It's not an institution" and "There's been some change and there are new staff. They all seem very good, very friendly. They always say hello."

The atmosphere in the home was calm and relaxed. Staff interactions with people were kind and respectful. Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Relatives and friends were welcome to visit at any time and people were also supported by staff to maintain relationships with friends and family outside of the home. One person told us, "My [family members] visit when they can, they know they are always welcome". A second person also told us their relatives visited regularly. A relative commented, "There are no restrictions on visiting. We visit at all times of the day and just drop in if we're passing. It is very relaxed."

We saw people chose if they wanted to sit in communal areas or spend time in their rooms. People's bedrooms were decorated to their tastes and were furnished with their personal belongings which reflected their interests. Care plans emphasised the importance of treating people with dignity and respect and promoting independence. We saw the provider, registered manager and staff frequently offered people choices about what they ate and drank, participation in activities and where they spent their time during the day.

Staff respected people's privacy and dignity. We saw they knocked on people's bedroom doors before entering and asked people discreetly if they needed support with person care. During lunchtime on the first day of the inspection we used the Short Observational Framework for Inspection (SOFI). This showed that people had a positive experience at lunchtime and they received the support they needed. The atmosphere in the dining room and communal areas throughout the inspection was relaxed and we saw examples of staff interacting positively with people using the service.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received and this was tailored to their personal needs and wishes. One person told us, "I usually do what I want. If I want to join in [activities] I will, if I don't I'll find something else to do". A second person said, "The [care staff] know what I need and they help when I need it". During the inspection we saw that staff explained the support they gave to people and respected their wishes. For example, a member of staff asked one person if they wanted to have their meal in the dining room and when they said they preferred to stay in the conservatory the staff arranged this for them.

Staff supported people to maintain their interests and hobbies. Care records included details of people's interests and staff kept a record of activities people took part in. Most activities were individual and we saw staff spending time sitting and talking with people or people reading the newspaper or a book. We also saw staff talking with one person about their personal photos. The provider displayed a poster in the conservatory area which reminded people of the day's planned activities. On the second day of our inspection we saw a group of people enjoyed listening to a musician who visited the home regularly. The atmosphere was fun and there was banter and laughter between people and staff.

The provider planned people's care and support with them and with people who knew them well, such as their relatives, staff and relevant health and care professionals. People's care plans included information about all areas of their life and guidance for staff in how to provide the support they required. For example, their communication, eating and drinking, social and leisure needs, health and emotional wellbeing and their goals and aspirations. Plans also included information on how to promote people's independence and choice. Although daily care notes staff completed were focused on their health care needs, we saw staff understood people very well and supported them in line with their plans.

The registered manager reviewed support plans each month to ensure they remained relevant and up to date. People, and where appropriate their families, were fully involved in this and were encouraged to share their views. This was confirmed by a relative who told us, "We never had much to do with the care plan but [the registered manager] wants us to be more involved". A second relative told us, "I didn't see care plans but [the registered manager] recently met with us for a review."

The provider had a complaints procedure and we saw they had reviewed this in August 2017. People using the service and their relatives told us they had never made a complaint but said they would speak with the provider, registered manager or staff if they needed to. Their comments included, "I've never needed to make a complaint. If I had to I would mention it to staff" and "I would tell [the provider]. In the past it's been sorted out but I don't need to make many complaints."

Records showed the provider had received one complaint since our last inspection in August 2017. The registered manager responded in line with the provider's procedures and carried out a detailed investigation. They also wrote to the complainant with the outcome of their investigation and said they would meet with the family to discuss the actions they had taken.

The provider supported people at the end of their life to have a comfortable, dignified and pain-free death. People's care plans included their end of life care wishes, the registered manager worked with the palliative care nursing service, anticipatory medicines were available where required and Do Not Attempt Resuscitation (DNAR) forms signed by the GP and agreed with people or their families were in place.

Is the service well-led?

Our findings

At a comprehensive inspection in February 2017 we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not operate effective systems to investigate possible abuse; the provider did not always manage people's medicines safely; staff did not have the training and supervision they needed to provide safe and appropriate care for people; the provider did not arrange appropriate activities that met people's needs and preferences and audits and checks carried out by the provider did not identify improvements that were needed to the quality of care provided. We also found one breach of the Care Quality Commission (Registration) Regulations 2009 as the provider did not inform the CQC of possible safeguarding incidents. Following the inspection we issued the provider with three Warning Notices and gave them two months to comply with the Regulations. The provider also agreed to a condition to their registration that they must not admit new people to the service, without the written agreement of the Care Quality Commission.

In May 2017 we carried out a focused inspection to review actions the provider had taken in response to the Warning Notices and also discussed information of concern we received from the registered manager regarding staff recruitment. We found the provider and the registered manager had made some progress towards meeting the requirements of the Warning Notices, although further work was needed.

At our last inspection of the service in August 2017 we found that the provider did not comply with regulations when carrying out regulated activities and had not taken action to address all of the concerns raised in previous inspection reports. For example, care staff did not have the training and support they needed and audits and checks carried out by the provider did not identify improvements that were needed to the quality of care provided.

At this inspection we found the provider and new registered manager had made improvements to address most of the concerns we had at previous inspections. They had ensured nurses and care staff completed the training they needed and had taken action to improve staff recruitment procedures, care planning, risk management and the physical environment in the service.

However, while the registered manager was aware of their responsibilities under the Mental Capacity Act 2005, they did not notify the Care Quality Commission (CQC) of the outcome when they applied to the local authority for authorisations to deprive people of their liberty, as required by the law.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider is registered with the Care Quality Commission (CQC) as an individual and has a condition of registration to have a registered manager. The provider held a City and Guilds National Vocation Qualification Level 4 Registered Manager (Adults) qualification awarded in 2005, but they did not have a nursing qualification and had always appointed a qualified nurse to manage the service.

The provider had appointed a qualified and experienced manager who started work at the service in August

2017. The manager completed their registration with CQC in December 2017. They told us they kept their knowledge up to date by reading NMC and CQC updates and attending the local authority's registered manager forum and provider forum. People using the service and their relatives told us they knew who the manager was. One relative commented, "[The registered manager's] professional approach brings to the home an abundance of care, empathy and discipline in equal measure. She is always approachable and willing to listen, discuss and rectify and concerns we might have."

Staff told us they felt the culture in the service was fair and open and it was well managed. Their comments included, "This is my third manager, from what she has done I would say she is doing a good job. She welcomes feedback", "People are happy now that it has improved", "We have handovers, the manager asks lots of questions so she always knows what's going on. If there are any incidents she will respond to it. [The provider] also knows all of the residents" and "It is well managed, everything is in place now when we open a folder. It helps us to meet people's needs."

At our last inspection we found the provider was not carrying out checks and audits to monitor quality in the service and identify areas for improvement. At the inspection in January 2018 the registered manager told us they were working with the provider to improve standards in the service. They had made changes to some of the systems and processes and planned further changes. For example, once they had recruited a permanent team of nurses they planned to reorganise the staff team to have champions for aspects of people's care, including falls, infection control, dignity and tissue viability. They had also introduced weekly clinical review meetings to discuss admissions, deaths, falls and medicines management. They also used the meetings to communicate changes to people's care plans or risk assessments.

The registered manager also introduced regular staff meetings and we saw evidence of meetings held in September, October and November 2017. The records showed staff had the opportunity to discuss care practices and the manager updated all staff on changes in the service.

The provider consulted people using the service and staff about the care and support people received. We saw they had completed a satisfaction survey with people using the service and their relatives in April 2017 and with staff in July 2017. After analysing people's responses the provider developed an action plan that included reissuing all staff with their training and appraisal records, introducing monthly supervision and purchasing moving and handling equipment for use in the service.

The provider worked with other agencies and organisations to make sure people received the care and support they needed. We saw evidence they worked with health and social care professionals and the registered manager told us they worked with the local GP surgery to take part in a trial to identify improvements in the care of people who had difficulty swallowing. The provider also took part in monitoring meetings organised by the local authority and Clinical Commissioning Group (CCG).

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 18 Registration Regulations 2009 Notifications of other incidents The provider did not inform the Care Quality Commission of applications to deprive people of their liberty. Regulation 15 (4) (a).