Elizabeth House Rest Home Limited

Elizabeth House

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 18 October 2018, and was unannounced. At the last inspection completed on 20 December 2017, we rated the service as Requires Improvement.

At this inspection we found that whilst some improvements had been made more were needed and the provider was not meeting the regulations for safe care and treatment and governance arrangements. You can see what action we asked the provider to take at the end of this report.

Elizabeth House 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.

Elizabeth House can accommodate up to 35 people in one adapted building. At the time of the inspection there were 28 people using the service.

There was a not a registered manager in post at the time of our inspection. The provider had a manager in post and they had plans in place to make an application to register. 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 of the service had changed since the last inspection. The new provider had began a program of change to address the issues identified in the last inspection report and make quality improvements to the service.

Governance systems were not consistent in identifying concerns or driving improvements. Medicines were not always administered as prescribed. Staff were not consistently available to engage with people.

Staff had been safely recruited, however improvements were needed to documentation which supported this.

Risks to people were assessed and planned for, however they sometimes lacked detail. People received support from staff that were caring. However, improvements were needed to make sure that this was consistent.

Accidents were investigated and learning was in place to prevent further occurrences. People were protected from the risk of cross infection as staff were observed using effective infection prevention practices.

Staff received training and their competency was checked. Staff felt supported in their role and people

received consistent support. Improvements had been made to the environment to ensure this was suitable for people and more were planned.

People were supported to have maximum choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People's communication needs were planned. People not consistently spoken about with dignity.

People's preferences were clearly documented and staff understood these. People had access to activities. People had discussed their end of life wishes and these were documented in their care plans. People understood how to make a complaint.

People felt safe and were safeguarded from potential abuse. People were supported to eat and drink safely. People were supported to maintain their health and well-being.

Notifications were submitted as required and the manager understood their responsibilities.

We found people were engaged in checking the quality of the service.

The location has previously been rated as Requires Improvement. At this inspection the provider had not made all the required improvements. We may consider enforcement action if there is a continued lack of improvement at our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People did not always receive their medicines as prescribed.

People were not consistently supported by sufficient numbers of staff.

People's risks were assessed.

People were protected from the spread of infection.

People received support from safely recruited staff.

People were safeguarded from potential abuse.

There were systems in place to learn when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs were assessed and planned for.

People were supported by staff with the right training to provide safe care.

The environment was suitable to meet the needs of people.

People's rights were protected by staff that worked within the principles of the MCA.

People's nutrition and hydration needs were met.

People received support to monitor their health.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were supported by caring staff, but staff struggled to find time to engage with people.

People's dignity was not always maintained.

People were involved in choices about their care and communication needs were met.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were understood and followed by staff.

People had access to activities.

People were clear about how to make a complaint.

People were supported to identify their preferences for support with end of life care.

Is the service well-led?

Requires Improvement

The service was not always well led.

The systems in place to monitor care delivery were not effective in driving improvements.

People could comment on the quality of the service and understood who the management team were.

Staff felt supported by the management team.

The provider notified us of incidents.

Elizabeth House

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 unannounced inspection visit took place on 18 October 2018. The inspection 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people who used the service and two relatives. We also spoke with the manager, the deputy manager, a consultant and four staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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 the care records of four people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 20 December 2017 we rated Safe as Requires Improvement. This was because the provider was not meeting the regulations for safe staffing levels. At this inspection we found the provider had made some improvements and were meeting the regulations, but more improvements were needed. We also identified additional concerns around medicines administration. This meant Safe remains rated as Requires Improvement.

People did not always have their medicines given as prescribed. One person was prescribed one medicine three times a day. We looked at the persons Medicine Administration (MAR) charts and found there were gaps in the charts, the MAR showed the medicine had been signed for twice daily, instead of the three times daily as prescribed for a period of four days. We checked if the person had received their medicine and found they had missed one dose each day for four days. This meant the person was at risk of having their health worsen as they had not received their medicine. We spoke to the deputy manager about this and they confirmed the persons doctor had been contacted and they had not come to harm because of the missed medicine. The deputy manager also confirmed an investigation had been carried out and action taken to ensure this did not happen again.

These issues constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
People told us they were happy with how their medicines were administered. One person said, "My medicines are all done well. They come around bringing them on a trolley, give them to me and I take them myself." A relative told us, "The staff do [person's name] medicines and they are always on time. Never had an issue over their medicines at all." Medicines were stored safely. There were lockable facilities in place for storing medicines safely. Checks were carried out on the storage areas for example, the temperature of the medicines room. Medicines stocks were checked when people received a new supply of medicines, however no subsequent checks of stocks of medicine were carried out. This meant if there was an error it would be difficult for the provider to know if the person had received their medicine. We spoke to the deputy about this and they told us they would look at introducing a stock check system. Medicine administration record (MAR) charts were in place and these were completed when people had their medicines. There was guidance for staff about how people preferred to take their medicines and staff followed this. Where people needed to take medicine on 'a required basis' for pain management there were detailed descriptions in place for staff on how and when these should be administered.

People told us they felt there were enough staff to support them effectively. One person told us, "Yes they seem to have enough around as they are always asking if they can do anything for me." A relative told us, "I come in the daytime most days as I live nearby and I always see enough staff around." However, staff told us they did not always feel as though there were sufficient staff available. One staff member said, "Its hectic at lunchtime trying to help people with their meals, help people to the toilet and staff are rushing around. Everything gets done, but there is not time for anything but meeting people's needs, no time to just talk to people." Another staff member told us they felt people sometimes waited too long for their care and gave examples of people that needed two staff to help them would need to wait and that sometimes they felt

people did not have their continence needs met when they needed the help. The staff member told us they were concerned people could develop moisture lesions if they were left in wet pads for too long. We found one person had a moisture lesion, however we were unable to determine if this was because of poor continence management. Our observations on the day of the inspection showed people received their support when they needed it. For example, people did not have to wait for meals or personal care. However, we found staff only interacted with people when they needed some support with their care. We spoke to the manager about this and they told us after the inspection they had made an extra member of staff available in the mornings to assist when it was busy and were reviewing some people's needs to see if they could be met at the home. They also told us they were carrying out a review of the staff hours and had begun recruitment to make further improvements to staffing levels. We will check this at our next inspection.

People received support from safely recruited staff. We saw the provider ensured checks had been carried out before new staff started work, which included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with in a care setting. However, some aspects of paperwork which should have been in place for staff appointed under the previous provider were not available, such as copies of second references. The provider confirmed they were happy with ability of these staff and their progress in the role. They also told us there was now a clear recruitment process in place and checklist to ensure all required documentation was on staff files.

People were supported to manage risks to their safety. Risk assessments were followed by staff. For example, one person had an assessment and guidance in place to support them when they transferred from a wheelchair to a lounge chair using a hoist. We saw staff followed the guidance in the persons care plan to ensure the person was positioned safely. In another example, one person displayed signs of anxiety during some aspects of their care and support. We saw staff offered reassurance to the person and distracted them whilst they received their care and support, the information about how to reduce the persons anxiety was documented in their care plan. The manager was transferring peoples records to an electronic care plan and recording system. We found some detail had not been transferred. For example, one person was living with diabetes, there was guidance on how to support the person to manage their condition effectively, however the plan lacked detail about what signs to look for if the persons condition changed and what actions to take. In another example, one person was at risk of malnutrition, their food and fluid intake was monitored, with plans in place to maximise the nutritional value of their meals and the persons weight was being monitored. However, the plans sometimes lacked detail of what actions staff should take if the person did not eat and drink sufficiently or began to lose weight. Staff could describe how to support people effectively and the information was still available to guide staff in the paper based records previously used by the service. The manger confirmed further work would be carried out to ensure the information about people was accurately reflected in the new electronic system.

People felt safe living at the service. One person told us, "In the time I have been here I feel safe and secure, the front door is secure and there are staff about." Another person told us, "Very safe. All the doors are locked and only people you know are allowed in." Relatives also confirmed they felt the service was safe. Staff could describe the signs of abuse and how they would report any concerns. We saw there was a clear policy in place for staff to raise concerns and where this had occurred investigations had taken place and issues had been reported to the local safeguarding authority. This showed there were systems in place to investigate and report any signs of potential abuse and concerns that were raised.

People were supported in a clean environment and were protected from the spread of infection. One person told us, "The staff wear gloves when bringing my tablets and helping to wash me. It is nice and clean and tidy here they are always going around cleaning." A relative told us, "The staff wear gloves when doing medicines and at meal times. It is always clean here never had a concern." The home was clean and staff

understood the importance of preventing cross infection. Staff had received training and could describe the steps taken to prevent the spread of infection. We saw staff used gloves and aprons when supporting people. We saw there were hand washing procedures on display which we observed staff following.

There were systems in place to manage fire safety. We saw regular checks were made on the fire safety equipment and where a fire officer had made recommendations these had been carried out by the provider. People had individual evacuation plans in place. The plans gave guidance to staff for example, on the persons cognitive ability in the case of an emergency and their mobility needs.

Accidents and incidents were monitored and learning was applied to prevent them from happening again. We found accidents and incidents were evaluated and peoples' plans were updated and action was taken to ensure the risk of reoccurrence was minimised.

Good

Is the service effective?

Our findings

At our last inspection on 20 December 2017, we rated Effective as Requires Improvement as improvements were needed to the environment people were living in. At this inspection we found the provider had made improvements and we rated Effective as Good.

People's needs were assessed and plans put in place to meet them. One person told us, "Yes I know I have an assessment and care plan and it reflects what I need." A relative told us, "Yes I am aware of the assessment and care plan and am kept updated with it." Whilst another said, "[Person's name] does have an assessment and a care plan and I can see it whenever I want to. I know it is alright." Staff understood people's needs and how they should support people. One staff member could describe in detail how they supported a person that was at risk of malnutrition. Another staff member could describe how they supported a person at risk of choking. We could confirm all these details were included in the persons assessment and care plan. The assessment considered the support people may need to form relationships or maintain them. There was also consideration of people's culture, religion and spiritual needs they may have. People's assessments and care plans involved other professionals. For example, we observed a physiotherapist visit someone during the inspection to provide advice on mobility. In another example, a community psychiatric nurse was involved in supporting the staff to find ways to reduce a person's anxiety when they were receiving personal care. This demonstrates people had their needs holistically assessed with specialist input where required.

People were supported by trained staff. One person told us, "Staff are definitely skilled. They are excellent here. The staff know us well and come if we need anything at all. They are all well trained as far as I am concerned." A relative told us, "I am happy with the staff and their skills, I would move [person's name] if I wasn't." Staff told us they had received training in their role. One staff member said, "We had face to face training for medicines and our competency was checked." Another staff member told us, "I have had training in safeguarding, I would be able to recognise abuse and would know how to report it." Staff told us they had support from the management team and were able to seek advice in their role. We saw staff had meetings where they could discuss things with the management team. Staff told us they received an induction into their role which included working towards the care certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. The manager told us they had put a new training program in place for staff. They explained the records when they came into post had some gaps in dates and certificates were missing so they had enrolled all staff on to training courses including some with a local college to ensure staff received refresher training. We saw a training schedule had been developed to monitor when staff training was due for renewal and there were courses planned for the coming weeks.

People were provided with consistent care. Staff told us they had a regular handover discussion at the start and end of each shift. One staff member said, "I can read back on what has happened, we also make a note of things to handover to other staff when the shifts change." The provider had an electronic records system in place. The system enabled staff to quickly look back at all entries for people in the home. This meant staff

could check on what had been happening with people at the start of their shift. We saw the senior staff on duty did this when arriving for their shift to enable them to find out how people had been. Staff told us this was supported with a verbal discussion between staff at the start and the end of their shift.

People told us they were happy with how the home had improved over the last few months. One person told us, "The new management team have spent money improving things. The dining room is better and we are more spaced out here in the lounge. Also put that lovely mural on the wall with the big TV screen. They are improving things." Another person commented, "The new management team have redesigned the dining room with new tables and chairs and spaced it out better, there is more space in the lounge with a new TV and put a computer room. They have also decorated and still doing more to the place." A relative told us, "The new leadership has certainly made improvements. They are doing decorating, have put new wooden floors down, new curtains and seating. The place has certainly brightened up." Most people had access to a shower room in their bedroom and there were two bathrooms available for people without en-suite facilities, there were plans in place to make changes to these bathrooms and add en-suite facilities to all rooms. There were also plans in place to make changes to the kitchen and other areas in the home. This showed people were happy with the changes to the environment and the provider was proactive in making changes where needed.

People were supported to access health advice and referrals were done promptly. One person told us, "Accessing health professionals works well. Sometimes whoever I need will come here to the home and other times they will take me to see them, like the dentist and chiropodist." A relative told us, "[Person's name] had a chest infection a short while ago and they immediately got the doctor in and gave them antibiotics which cured the problem up. They kept us informed at every stage." A visiting health professional told us staff were good at following the advice they gave about peoples care and support. They confirmed staff were available to support when they visited people and they were happy people were receiving the care they needed. People had individual plans in place to meet their health needs, staff were knowledgeable about the plans. Where other professionals were needed to support people, they were contacted without delay and their advice was recorded in the persons care plan.

People were happy with the quality of the food and told us they could choose what they wanted to eat. One person told us, "I like the food and you get a choice of what to eat. I eat in the dining room and am able to do that myself." Another person told us, "The food is good. They ask me what I would like from the menu. I usually choose to eat off a tray in my room and they will bring it to me and I will eat myself watching TV." We saw people had a choice of meals and were given the support they needed to eat and drink. Staff were observed chatting to people as they served meals and people were given support to cut up their food where needed. People were asked if they would like a drink and were offered extra portions. Where people needed help, staff were kind and patient, for example where someone needed support to eat their meal this was done at the persons own pace.

People's nutritional needs were assessed and planned for. Staff understood where people had specific needs relating to food and drinks. For example, where people were at risk due to allergies, choking or of malnutrition staff could describe in detail how to support the person to manage the risks and maintain their diet safely. We found this information was clearly documented in peoples care plans. Where needed there was guidance for staff on how to monitor the person and we found records were in place to show what people had to eat and drink. However, some of these records were recorded in different places and although we could confirm people had their food and fluids this meant it could be difficult to monitor and check how much people had eaten or drank during the day. The manager told us they felt this was a training issue with the introduction of the new electronic system and this would be addressed with staff being provided additional training.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People had their consent sought prior to receiving care and support. We saw staff sought consent before they supported people, for example, one person was in a wheelchair and staff asked the person if they could support them to stand and sit in a more comfortable chair. The person declined and said not yet, they were happy where they were. Staff withdrew and came back later to see if the person was ready. Where people were unable to consent to their care an assessment of their mental capacity had been undertaken which considered the individual decision being made. We found this was recorded and showed how the person and others had been involved in the decisions.

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 the Deprivation of Liberty Safeguards (DoLS). People had their capacity assessed and where people were having their liberty restricted an application had been made to the authorising body. Where conditions were in place these were being met. This showed people were supported in the least restrictive manner and the principles of the MCA were followed.

Requires Improvement

Is the service caring?

Our findings

At our last inspection on 20 December 2017, we rated caring as requires Improvement. At this inspection we found improvements had been made but more were needed and Caring continued to be rated Requires improvement.

People and their relatives told us they felt staff were kind and caring. One person said, "I am very lucky to be here. The staff are all nice I have found them all to be very good. They are always coming up to me and talking to me." Another person told us, "I am very happy here. All the carers are quite nice and caring and talkative. They look after me well." Whilst another commented, "The staff are all very good nice and friendly and care well for me. They are always asking me if I am alright and talk to me." A relative told us, "The staff here are all great. Very caring and friendly and always here for [person's name]." Another relative commented, "The staff are all lovely here, in fact wonderful. All so caring and chatty with [person's name]." We saw staff were kind and caring in their interactions with people. For example, one staff member gently stroked a person's arm to wake them to see if they wanted a drink and sit more comfortably in the chair. The staff member was down on the persons level, maintained eye contact and was speaking slowly and smiling at the person the whole time. However, opportunities for staff to engage with people were limited. Staff told us they knew people well, but they often did not feel there was enough time in the day to have meaningful conversations with people. Staff were focussed on making sure everyone had the support they needed but there was no time for engaging with people outside of the times when they were receiving support. This meant staff availability sometimes impacted on the ability of staff to be caring.

People and their relatives told us staff treated people with respect and maintained their privacy and dignity. One person told us, "It is very good. Been here a long time now and I am happy here." Another person said, "We sometimes have a bed bath wash down and a shower. They are most respectful with us ensuring the door is always closed." Whilst another person said, "I don't think we could have gone to a better place. The care is excellent for me and I feel very valued by all the staff. All nice and friendly and they all know me by name." Relatives agreed with this view, one relative commented, "[Person's name] tells me they like it here and they feel valued." Staff were observed ensuring they were discreet when offering people care and support. We saw people had their dignity maintained by staff and any support they needed was done in a private area. For example, when people needed discussions with a health professional, they were supported to go to the treatment room or their bedroom. However, sometimes the lack of staff meant people may not receive dignified care. For example, we heard staff use language which described people as tasks rather than calling them by their names, for example, referring to people requiring support with eating their meals as 'feeders'. This showed people were not spoken about in a dignified manner.

People told us they were supported to make choices and were supported and to maintain their independence. One person told us, "They (staff) do always encourage me to try to do as much as I can myself which is nice and keeps me going." Another person told us, "Luckily I am still quite independent and get around fine. Whatever I want to do I can do it like going outside and sitting in the patio area when it is warm enough." Whilst another told us, "I am left to my own devises and like to stay in my room a lot and read and watch the TV. I come out and move around on this four-wheel trolley frame so come and go as I

wish to." Staff were observed offering people's choice and respecting their wishes. We saw people were encouraged to maintain their independence with meals, drinks and mobility for example. However, some people were unable to make choices about how they received a bath. Staff told us there were some people that were unable to use the current bathrooms, as the equipment they needed was not able to be used and there was no shower facility in their room, so they were having to have bed baths. The provider told us they had plans in place to make changes to the bathrooms so they were more accessible and showed us plans to ensure everyone had access to an en-suite bathroom which would improve people's ability to make choices around bathing.

People had their communication needs assessed and plans were in place to meet them. Peoples needs for information were assessed and guidance on how to make this accessible was in place. Peoples needs relating to their vision, hearing, speech, cognition, literacy and preferred language were documented in their assessments and support they needed for example with visual aids.

Good

Is the service responsive?

Our findings

At our last inspection on 20 December 2017, we rated responsive as Good. At this inspection we found the service continued be Responsive and was rated as Good.

People told us they had opportunities to engage in activities. One person said, "They put things on and singers come in. They also have this new big TV screen in here to watch which is lovely. They have put new fish in the pond and we have things to do in the afternoon." Another person told us, "They put things on in the afternoon like cards and songs which is nice but I just like to sit here mostly." Another person commented, "Being quite independent I can get about and do what I want. They do keep fit sometimes, a lady comes and they have singers but not much else goes on to be honest." "They know I like to sit here and watch the birds on the pole outside. Also go outside and see the fish they have restocked the pond with. I ask questions and they always answer them and am free to do what I want to." Staff told us sometimes it was difficult to find the time to engage people in activities and do things which were not related to peoples care needs. One staff member said, "The senior care staff take the lead on activities during the afternoon." We saw the lounge area had been positioned so people could engage in conversation between themselves. There was a focal point in place with a mural on the wall and a television mounted on the wall to the side which had different effects. People told us they liked this and could describe the fish tank effect on the screen. We saw a weekly list of afternoon activities starting at 2.15pm daily was on display in the home. These included skittles, pop mobility, hairdresser, quiz, dominoes and cards, sing along and a memory game. However, on the day of the inspection we did not see any activities taking place. The manager told us, activities have been arranged but further work was planned to review what was on offer to people.

People and their relatives were involved in assessments and the development of care plans. One person said, "Yes, there was an assessment, I was isolated at home and coming here was better for me. For my own safety and well-being." A relative told us, "Yes there was an assessment and social services worked with me and my [family member] when [person's name] was admitted". Care plans showed that people and relatives had been involved in their development. We found assessments and care plans considered peoples personal histories and their preferences. For example, hobbies and interests were considered along with people's employment history. Staff could describe what was included in peoples plans and used this information to provide people with personalised care and support. Peoples assessments and care plans also considered protected characteristics. For example, people's religious needs had been assessed and plans were in place to describe support they needed. In another example, people's relationships were documented and consideration had been given to what support people may need to maintain important relationships.

People we spoke with told us they understood how to make complaints and would be confident these would be addressed. One person said, "I would speak to staff if I had a concern." One relative told us, "Yes, have raised concerns once, some time ago, the issue was looked at and sorted out quickly." We saw there was a policy in place which enabled people to raise concerns. The manager told us they were working on reviewing all policies including the complaints policy. We saw information was available for people about how they could raise concerns internally with the service and externally with other agencies if they were not

happy with the response. No formal complaints had been received since the last inspection, however the manager told us how they would investigate any concerns people had and provide a response. The provider confirmed there was an open-door policy and people and relatives were spoken to on a regular basis to get their feedback.

There was nobody receiving end of life care at the service. However, we found some people were receiving palliative care and staff had considered their future wishes. Discussions had taken place with people and relatives and steps had been taken to ensure peoples advance wishes were considered. This included medicines, pain management and information and guidance for staff about people's spiritual beliefs.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 20 December 2017, we rated Well led as Requires Improvement, as the systems in place to monitor the quality and safety of the service were not driving improvements. At this inspection, we found the provider had not made the required improvements and Well-Led continued to be rated Requires Improvement.

We found at the time of the inspection some improvements had been made however more were needed to reach the minimum standards of good. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. We recommend accessing support and guidance to achieve and sustain an overall rating of 'Good'. As the location has failed to achieve and sustain a minimum overall rating of 'Good', this supports a breach of regulation 17 as there has been a continued lack of improvement.

There was a tool in place to identify staffing levels. However, the tool had not been reviewed since the change of ownership of the service. The provider confirmed they had continued to provide staffing numbers at the levels previously set without any assessment of people's individual dependency being carried out or confirmation that the staffing levels were sufficient to meet people's needs. This meant the provider's systems had not identified staffing levels were insufficient to enable people to spend time with staff. The manager told us they had would review how staffing levels were set. We will check this at our next inspection.

There were medicines audits in place, however these were not effective in identifying concerns. For example, the audit had not identified the concerns we found about one person who had not received their medicine as prescribed. Whilst MAR charts were checked as part of the audit process once monthly, the person could have gone for up to four weeks before the audit process identified the error. There was not an effective stock control system in place. The provider had a system to check the amount of stock people had of medicines. This enabled them to ensure medicines supplies did not run out. However, there was no balance checks in place. This meant when new medicines were delivered these were not added to those already in stock and therefore if there was a medicines administration concern there was no way to check whether people had received their medicine. The manger confirmed following the inspection they would be seeking support from an outside body to introduce more robust audits and checks on medicines to prevent these issues from occurring.

The systems in place to ensure peoples care plans and daily records were accurate and up to date were not effective in identifying concerns. The care plans had recently been changed to an electronic system. Daily records and care delivery charts were now included in the new system. Staff did not complete these records consistently, with some using the paper based systems previously in place and others using the electronic records. This meant it was difficult to check if people had received the care they needed. The systems in place to monitor this had not identified these concerns. The provider told us they would revise the systems and take action to remind staff to use the new system for recording care delivery. This meant the providers quality monitoring systems were ineffective at identifying concerns and driving improvements.

These issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The training matrix had recently been updated to check on the training needs of staff. There were some staff that required updates to their training. The provider was aware of this and had training plans in place to address this.

There were other audits in place to check on the quality of the service, for example, there were audits on call bells to check they were working correctly and other building checks such as water temperatures and window restrictors. We saw some audits were effective in driving improvements. For example, new furniture such as tables chairs and beds had been provided.

The provider told us they had identified areas for improvement, and that they had developed plans to make improvements. We found the plans had been effective in making changes to the building and management and structure. Records had been improved and staff were feeling supported and having access to training. All policies and procedures were being reviewed and the provider was working to update these with an external consultant. There were plans in place to continue to improve the service and the provider was working with other organisations to ensure the service was operating systems aligned to good practice. For example, the clinical commissioning group had been involved in supporting the introduction of the medicines administration processes. The provider was working with a consultancy to ensure they provided a good quality service and used best practice. The Local Authority had also been involved in checking the quality of the service and the provider was working on an action plan which would be checked again by the local authority in the coming weeks.

People were involved in checking the quality of the service and making changes and improvements. One relative told us, "I am aware of meetings as the new manager has put it on the board. Also had a survey questionnaire which we filled in and sent back." Another relative confirmed, "We had feedback surveys and the new management are setting up meetings for us to discuss any issues." People and their relatives were aware of who the management team were and felt they were approachable and engaging with people, relatives and staff. One person said, "The manager and provider are very nice they always ask how I am doing." Another relative told us, "The provider is a nice person and very approachable." Whilst another relative told us, "I have noticed since the new owners and management came in the staff are laughing and joking, have a smile on their faces and this must reflect on the people in them seeing this." Staff told us they felt the manager and provider were making improvements and were supportive of staff. One staff member said, "Things seem to be improving and the new management are checking all training is up to date. They appear to be very supportive." We found people, relatives and staff could approach the manager and provider and we saw people were engaged in conversation with the manager and provider throughout the inspection.

The provider had submitted notifications to Care Quality Commission (CQC) in an appropriate and timely manner in line with the law. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe.

A PIR was submitted to CQC prior to the last inspection. At this inspection we found there had been significant improvements had been made since the PIR was submitted.

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 People did not receive their medicines as prescribed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to check the quality of the home were not effective in identifying concerns and driving improvements.