

Ramond Limited

Elsinor Residential Home

Inspection report

5-6 Esplanade Gardens
Scarborough
North Yorkshire
YO11 2AW

Tel: 01723360736

Date of inspection visit:
14 August 2018
16 August 2018

Date of publication:
25 September 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14 and 16 August 2018 and was unannounced.

Elsinor Residential Home is registered to provide residential care for up to 35 older people who may also be living with dementia. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Accommodation is provided in an adapted town house spread across five floors. There is lift access between the floors. At the time of our inspection, there were 25 older people and people living with dementia using the service.

At the last inspection in December 2017, we rated the service inadequate overall and identified five breaches of regulation. This included breaches of the fundamental standards of quality and safety relating to person-centred care, the need for consent, safe care and treatment, staffing and the governance of the service.

At this inspection, significant improvements had been made and the service was compliant with the regulations relating to the need for consent, safe care and treatment, person-centred care and staffing. However, there were a number of ongoing issues that had not yet been addressed and further sustained improvements were needed. There was a new breach of regulation relating to recruiting fit and proper persons and a continued breach of regulation relating to the governance of the service.

The service did not have a registered manager. A registered manager is a person who has registered with the CQC 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 last registered manager left the service following our last inspection. A new manager was in post and had been managing the service since December 2017. They were planning to apply to become the registered manager, but had not completed this process.

Further improvements were needed to some of the arrangements for managing medicines to keep people safe. There were still some gaps in staff's training. Supervisions that had been completed were good, but not all staff had received a supervision and these were not yet documented at the frequency set out in the provider's new policy and procedure.

The provider did not have a robust recruitment process. Some records were not always well maintained. For example, mental capacity assessments and best interest decisions had not been documented in line with relevant legislation and best practice guidance. We spoke with the manager about reviewing and 'signing off' accidents and incidents and keeping more detailed records of the support provided with activities.

The provider's audits did not evidence a sufficiently robust approach to monitoring and supporting

improvements.

There were two breaches of regulation relating to fit and proper persons employed and the governance of the service. You can see what action we told the provider to take at the back of the full version of the report.

Staffing levels had improved and sufficient staff were deployed to meet people's needs. The manager monitored staffing levels to make sure they were safe.

The manager had made appropriate applications to deprive people of their liberty in line with the requirements of the Mental Capacity Act 2005.

People told us they felt safe living at the service. Staff were trained to recognise and respond to safeguarding concerns.

Action had been taken to improve fire safety within the home. We spoke with the manager about exploring risks relating to people falling down the stairs or falling from height because of single paned glass in some of the windows. They made arrangements to install safety film on single paned glass and keypads to restrict access to the stairs where there was a risk of people falling.

Staff were kind and caring. People gave positive feedback about the friendly relationships they shared with staff. Staff supported people to maintain their privacy and dignity.

Staff did not use picture menus or show people choices to help them decide what to eat. We have made a recommendation about reviewing best practice guidance relating to dementia care.

Staff were knowledgeable about people's needs. Care plans had been reviewed and updated to include more person-centred information about people's needs.

Staff supported people with activities. People were free to spend their time how they chose and staff respected people's decisions.

Staff worked closely with healthcare professionals including the local hospice team to make sure people received the care and support they needed.

We received positive feedback about the food and staff supported people to make sure they ate and drank enough. The manager made changes to how staff supported people at mealtimes to make sure the care and support was effective.

People told us the manager was approachable and they would feel comfortable speaking with them or the staff team if they had any concerns or complaints about the service. The manager actively encouraged people to provide feedback and sought their views on how the service could be improved. We received very positive feedback about the manager's 'hands on' approach, the support and guidance they provided to staff and the changes they had made since taking over as manager of the service.

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.

Robust recruitment process had not always been followed.

Some of the arrangements for managing medicines required further improvements to keep people safe.

Staffing levels had improved and sufficient staff were deployed to meet people's needs.

People told us they felt safe living at the service.

The home environment was clean. The manager acted to further reduce environmental risks.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Further improvements were needed to make sure all training was up-to-date and all staff received regular supervisions.

Staff supported people to make decisions and sought their consent, but mental capacity assessments and best interest decisions had not been documented.

People gave positive feedback about the food; the manager was developing tools to help people make decisions at mealtimes.

We recommended reviewing good practice guidance on 'dementia friendly' care.

Staff worked closely with healthcare professionals to make sure people's health needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were gentle, kind and caring in the way they supported people.

Good ●

Staff were respectful towards people and provided attentive support to help people maintain their privacy and dignity.

Staff encouraged people to make decisions and express their wishes and views.

Is the service responsive?

Good ●

The service was responsive.

People gave positive feedback about the support staff provided.

Care plans and risk assessments had been reviewed to include more person-centred information to guide staff on how to meet people's needs.

Staff supported people with activities. The manager was developing records to better evidence the range of support and opportunities staff provided.

People told us they felt able to speak with staff or the manager if they had any issues or concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Further improvements were needed to monitor and ensure the quality and safety of the service.

Feedback was consistently positive about the manager and the positive changes they had made since taking over management of the service.

The provider did not have a sufficiently robust approach to auditing the service and supporting improvement.

Elsinor Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on 14 and 16 August 2018. The first day of our inspection was unannounced; the second day was announced.

The inspection was carried out by one inspector, a pharmacy inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. They specialised in care for older people and supported the inspection by speaking with people who used the service and visitors to understand their views. They also observed interactions including the care and support provided in communal areas, with activities and at mealtimes.

Before the inspection we reviewed information we held about the service. This included notifications which the provider had sent us about certain changes, events or incidents that occurred and which affected their service or the people who use it. We contacted the local authority's adult safeguarding and quality monitoring teams as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

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 10 people who used the service, two people's relatives and two visiting professionals. We spoke with the manager and five staff including senior care workers, care workers and the chef.

We had a tour of the service and, with people's permission, looked in their bedrooms. We reviewed five people's care plans, risk assessments and daily notes, three staff's recruitment and training records,

maintenance records, meeting minutes, audits and a selection of other records relating to the management of the service.

We looked at the systems in place for medicines management. We looked at all Medicines Administration Records (MARs) and reviewed seven people's MARs in detail. We looked at medicines storage, handling and stock requirements.

Is the service safe?

Our findings

Robust recruitment processes had not always been followed. One member of staff had started working under supervision, but before a Disclosure and Barring Service (DBS) or Adult First check had been completed. A new DBS check had not been completed when another member of staff started work. The manager had accepted a DBS check completed with a previous employer, but guidance states these can only be accepted if they are under three months old. DBS checks help employers make safer recruitment decisions by helping to prevent unsuitable people from working with vulnerable groups.

Recruitment files did not consistently evidence people's identity and right to work in the county had been verified. The provider had not completed health declarations to check staff did not have any medical conditions which might impact on their ability to perform the role.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in December 2017 medicines were not managed safely. This was a breach of regulation relating to safe care and treatment. At this inspection significant improvements had been made to how medicines were managed and the provider was now compliant with this regulation. However, some of the arrangements for managing medicines and in relation to records required further improvement.

Staff responsible for administering medicines completed training and the manager had documented competency assessments to check and make sure they followed best practice guidance.

Medicines were securely stored. Room and medicines fridge temperatures were checked daily, but maximum and minimum fridge temperatures were not recorded as recommended in national guidance.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely and checked regularly. The home's policy did not state how frequently checks should be completed. The manager told us the policy would be reviewed and updated.

Medication Administration Records (MARs) contained a photo of the person and information regarding allergies; this helped to keep people safe. Medicines dispensed in a monitored dosage system were administered safely. However, it was not always clear other medicines, such as inhalers, had been administered correctly. For example, the quantities of inhalers did not match administration records suggesting these had not been administered as prescribed. The manager told us they would ask the GP to review prescribing the following day.

Records of 'as and when required' medicines did not include the reason these had been administered or the outcomes. For medicines with variable doses, the records were not always clear as to what dose had been administered. Records were not always clear about where to apply topical medicines. Topical medicines charts showed they were not always administered as prescribed. We have addressed these recording issues

in more detail in the well-led domain.

People who used the service consistently told us they felt safe living there. Comments included, "I definitely feel safe, I can wander around here and there's others always about", "Yes I feel safe, it's a nice cosy place" and "I'm safe, there's staff about and they're ok."

The provider had a safeguarding policy. Staff completed safeguarding training and understood their responsibility to identify and report any safeguarding concerns. The manager had worked with the local authority to investigate and respond to concerns identified at our last inspection.

Risk assessments contained information about the support people needed to minimise risks and keep them safe. Where people might become anxious or distressed, their care plans included information about what might cause this and strategies to help staff manage and reduce any distress. They showed staff had worked with the community mental health team to develop strategies to meet people's needs and keep them and others safe.

Staff documented any accident or incident to record what had happened and how they had responded. The manager had identified patterns or trends in the accidents occurring and acted to reduce risks. We spoke with them about consistently recording this and 'signing off' reports to evidence they were satisfied with how staff had responded and to document any actions taken since to reduce the risk.

Improvements had been made with regards to the management of environmental risks. Health, safety and maintenance checks had been completed to make sure the home environment and equipment used were safe.

Action had been taken to remove trip hazards within the service. The manager had acted to improve fire safety; staff had completed fire safety training and the manager had organised fire drills. Work was ongoing at the time of our inspection to upgrade the fire system. Additional fire doors had been installed to reduce the risk of fire spreading. Personal emergency evacuation plans provided information about the support people would need to evacuate the building in an emergency.

The service was spread across five floors and restrictions were not in place to prevent people using the stairs throughout the service. Although we did not see people using or trying to use the stairs, some people had dementia or a cognitive impairment and were at risk of falls. We spoke with the manager about the need to document risk assessments to explore and, if necessary, manage the risks associated with people using the stairs. We also spoke with the manager about ensuring risk assessments explored whether safety glass might be needed for single paned windows above the ground floor. Following our site visits the manager informed us they were arranging for protective film to be installed on some windows and key pads to be installed on some doors to limit access to the stairs.

At our last inspection in December 2017 systems were not in place to monitor and make sure enough staff were deployed. This was a breach of regulation relating to staffing.

At this inspection improvements had been made and the provider was compliant with this regulation. Staffing levels had increased and the manager used a 'dependency tool' to help work out safe staffing levels. The manager told us they aimed to have six staff on duty during the morning, five staff on duty each afternoon and three staff on duty at night. Additional staff were employed to provide administrative support, work in the kitchen and for domestic duties.

Staff gave positive feedback about the increased staffing levels. One member of staff commented, "I don't have to worry as we have got more staff on both the day and night shift. I can do my job knowing there are enough staff here and we've got that time to give people a bit more time."

Staff were visible in communal areas throughout our inspection and were quick to respond to the doorbell, people's call bells or requests for assistance. People who used the service said, "I've not noticed they're short of staff, it seems to run smoothly" and "From my point of view I'd say there are enough staff. I think it is quite sufficient for the moment."

The provider had an infection prevention and control policy. Systems were in place to check and make sure areas of the service were regularly cleaned. Staff wore appropriate personal protective equipment such as gloves to minimise the risk of spreading infections. A person who used the service told us, "It's kept very clean I think it's immaculate. They're about cleaning three times a day." A visiting professional said, "It always seems clean whenever I am here."

Is the service effective?

Our findings

At our last inspection in December 2017 mental capacity assessments and best interest decisions had not been completed when people could not consent to their care. Applications had not been made to deprive people of their liberty. This was a breach of regulation relating to the need for consent.

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection, some improvements had been made and the provider was compliant with this regulation. The manager had submitted appropriate applications to deprive people of their liberty.

Staff encouraged people to make decisions and respected their choices. They sought people's consent before providing support. Care plans showed staff considered issues around consent and people's ability to make informed decisions. However, mental capacity assessments and best interest decisions had not been documented when people were unable to consent to their care. This showed us further improvements were needed to record keeping.

The failure to maintain complete and contemporaneous records of decisions in relation to people's care was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in December 2017 staff had not received appropriate and regular training, supervision or appraisals of their performance. This was a breach of regulation relating to staffing.

At this inspection some progress had been made, but further improvements were needed. The manager shared a training matrix developed to record and monitor staff's training needs. This showed ongoing training was being provided, but there were still some gaps in staff's training. For example, seven care staff needed to complete safeguarding adults training, six staff needed to complete infection control training and 11 staff needed to complete health and safety training. The manager acknowledged this and explained the work they were doing to arrange courses to address this.

The manager had made sure staff completed training on managing medicines to address concerns identified at our last inspection. Staff gave positive feedback about the training and support provided to them. They told us a new trainer had started delivering courses and they had enjoyed and benefited from

their interactive and engaging approach. They said, "I really enjoy the training, they ask questions to test you" and "The new trainer is very good, they involve you more. I found them very good." Another member of staff said, "There is always some courses coming up which [manager's name] likes staff to attend. Most of our courses are renewed every 12 months or two years. The last lot of training has been very good."

The provider had introduced a new policy which stated all staff should have six recorded supervisions per year. Supervisions had not yet been documented with all staff and they were not being completed at the frequency set out in the provider's new policy. However, records showed the manager had completed a significant number of supervisions since our last inspection.

Supervisions that had been completed showed good evidence of how the manager addressed issues and concerns and encouraged improvements by supporting staff to develop in their role.

Staff told us they could speak with the manager at any time and consistently said they felt supported. They gave positive feedback about the 'hands on' approach of the new manager, commenting, "I can't fault the support; [manager's name] is always there" and "[Manager's name] is very approachable and they work on the floor to monitor the care and support."

The manager had completed appraisals to review staff's performance, discuss their support needs and identify goals for the coming year.

People who used the service were very positive about the staff and felt comfortable they knew what they were doing and how to look after them. One person said, "They're quite good, they look after me well."

People told us the food was good and they were supported to eat and drink enough. Feedback included, "The food was nice today I had two lots", "I find the food very satisfactory" and "We get enough to eat and drink."

Food served looked appetising and people enjoyed their meals and drinks throughout our inspection. People's special dietary requirements were catered for. For example, pureed foods were provided when necessary to minimise the risk of choking.

Staff were kind and caring in their approach, but did not always provide one to one support to help people with eating during busy periods. We spoke with the manager who made changes to stagger mealtimes. On the second day of our inspection the support staff provided was much more effective in meeting people's needs.

Staff regularly weighed people and the manager audited these records to identify and make sure appropriate action was taken when people had lost weight. A member of staff explained, "We monitor people by watching what they are eating and if we are concerned we refer them to the GP or monitor them for a week and then take action."

A menu was displayed, but this was not in an accessible and 'dementia friendly' format. The information was in a small print and not at an accessible height. It was not clear which of the four weekly menus displayed was being served that week. Staff did not use picture menus or show people plated options to help them decide what to eat. The manager explained the work they were doing to develop tools to help people make decisions and to ensure a more 'dementia friendly' dining experience.

The service was not purpose built for people who may be living with dementia, but action had been taken to

develop a more dementia friendly environment. Contrasting colours and signage had been used to help people find their way around the service. Some people's bedrooms had their names on, but this was not always the case and signage could be developed to help people identify their rooms.

We recommend the manager reviews good practice guidance on further developing a dementia friendly environment.

Staff worked closely with healthcare professionals to meet people's needs. Healthcare professionals provided positive feedback about the working relationship they shared with staff and the manager. They told us staff sought appropriate advice and guidance on acted on their feedback to make sure people's needs were met.

Is the service caring?

Our findings

People told us staff were kind and caring. Comments included, "They're quite good and look after me", "I think they care, they have to, people wouldn't come here otherwise" and "I think there's a caring element, if you need assistance they'll be there for you."

Staff spoke with people in a friendly, respectful and open way. They were kind in their approach, treated people as equals and showed genuine concern for their wellbeing. For example, staff regularly asked how people were, if they needed anything and supported them to change their position to relieve pressure and stay comfortable.

Staff were skilled and caring in the way they supported people who were confused or upset. We observed staff patiently speaking with people, reassuring them or providing distractions when necessary to promote people's wellbeing. They explained what they were doing and why to try and help people understand and to reduce any anxiety about the support being provided.

People who used the service had developed positive caring relationships with the staff who supported them. A person told us, "I've known them for quite a long while so I'm comfy with them." A member of staff said, "We have a little bit of a chat and laughter with them."

Staff talked to people throughout our visit, asked them questions and showed an interest in how they were. People were relaxed and clearly at ease with staff. They approached and engaged with staff throughout our inspection and shared friendly conversations. People who used the service told us, "I'm very happy here, I like the company" and "I like [staff member's name] they are nice. You can have a laugh with them, but not just with them, with most of the staff too."

Staff encouraged people to be independent wherever possible. People were free to move around the service and had choice and control over their daily routines. One person commented, "I can come and go when I want." When necessary, staff patiently escorted people around the building to help them maintain their independence whilst minimising the risk of falling. The manager was mindful of and encouraged staff to support people's independence and increased staffing levels enabled staff to do this.

Staff were respectful and quick to respond to maintain people's privacy and dignity. Their conversations were discreet and staff supported people to their bedroom or bathrooms where assistance was needed with personal care. Staff knocked on people's doors before entering their bedrooms. This showed us they respected people's privacy and personal space. Staff supported people when necessary to make sure they were clean and appropriately dressed according to their wishes and preferences.

The provider had an equality and diversity policy. Staff were polite and kind towards people who used the service. They used people's preferred names, listened to what they said and responded appropriately to their requests. People told us staff treated them with dignity and respect. One person who used the service said, "They definitely treat me with respect. If you treat them like that then they treat you the same back." A

member of staff explained how they provided reassurance and always explained what they wanted to do to help maintain people's dignity when helping with personal care.

Staff spoke with people in a way which they understood and provided simple choices when necessary to help people decide. Staff explained how they supported people who might struggle to make decisions. One member of staff gave us an example, "If you hold up two outfits or jumpers and they can point to what they want." Another member of staff said, "If they don't want what we give them we offer an alternative." People who used the service told us staff listened to them and responded to their requests. Feedback included, "They get me a cup of tea whenever I want one."

People were visited and supported by advocates when needed. An advocate is someone who supports people to make sure their wishes and views are heard. This showed help was provided to make sure people were involved in making decisions about their care.

Is the service responsive?

Our findings

At our last inspection in December 2017 people had not received appropriate care to meet their needs and preferences. This was a breach of regulation relating to person-centred care.

At this inspection improvements had been made and the provider was compliant with this regulation. People who used the service were happy with how staff met their needs. They told us staff listened to them and supported them when needed.

Staff explained how improvements in staffing levels and more detailed care plans helped them to provide more responsive care to meet people's individual needs. A member of staff said, "The changes [manager's name] has made so far have definitely been for the better. The staffing levels are a lot better so we can do our job better and spend a lot more time with the residents."

Our conversations with staff and observations of their practice showed they had a good understanding of people's needs and the support they required. They used people's preferred names, offered them choices based on their knowledge of their needs and tailored their approach and how they spoke with people to meet their communication needs.

Staff explained how they got to know people and made sure they were providing person-centred care. One member of staff told us, "You can always get information from the family about people's likes and dislikes and when they have been here a while you get to know them." A visitor told us, "Staff talk to [name], they know them." A healthcare professional said, "Staff seem to know people well."

The manager was actively involved in supporting staff and coordinating people's care. They identified changes in people's needs and liaised with health and social care professionals to make sure people received appropriate and person-centred support. For example, one person had a history of falls. The manager had made sure appropriate equipment was in place and sought the GP's advice about any underlying medical conditions that might explain what was happening. They made sure the person had been referred to physiotherapy for their advice and support on how to improve the person's mobility and reduce the risk of falls.

Each person who used the service had care plans and risk assessments in place providing staff with guidance and information about how to support people appropriately. These showed people's needs had been assessed and staff had identified what support was required. Care plans and risk assessments had been reviewed and updated since our last inspection and contained more person-centred information about people's needs and preferences. For example, a person's care plan around the support provided with personal care documented how staff could support them to choose their clothes and what they usually liked to wear.

There were some examples where care plans and risk assessments could be developed to provide more detailed and specific information. For example, to record when monitoring charts were in place or about the

type of continence products people used. We spoke with the manager who agreed to update these records.

People had care plans regarding any end of life wishes they had. Staff kept a record of any decisions people or those acting on their behalf had made to refuse resuscitation.

Staff worked with the local hospice team for advice, guidance and support for people who may be reaching the end of their life. The manager explained the work they had done to coordinate training from the hospice team to support staff to develop their knowledge and confidence when supporting people with end of life care.

The provider had an activities programme, which was displayed on a notice board in the entrance to the home. Planned activities included board games, nostalgia and reminiscence, chair exercises and 'sing-a-longs'. The provider had a minibus so staff could take people to the beach or for a drive along the coast.

Members of the staff team were responsible for organising and leading on activities. Staff told us, "We have different games like dominoes. We have someone who comes in to do activities too. We also do colouring and listening to music. It's their choice." A visiting professional told us, "They encourage people to be in groups, the social side seems quite good here." During our inspection there were games and activities in the morning and again after lunch. We observed people joined in and enjoyed dominoes and other board games. Other people enjoyed reading or watching television and staff respected people's choices about how they wanted to spend their time.

In response to feedback at our last inspection, the manager had introduced a system to record the activities people had taken part in. These showed staff were mindful of providing regular support to encourage people to join in activities and to pursue their hobbies and interests. The manager had identified these records needed to provide more detailed information about the range of activities people enjoyed and was providing guidance to staff on completing these.

Visitors to the service told us they were made to feel welcome. Comments included, "Staff are very approachable and welcoming, sometimes I get a cup of tea." This showed us staff supported people to maintain relationships that were important to them.

The provider had a policy and procedure to govern how they would manage and respond to any complaints. This was displayed in an accessible format within the home for people who used the service and visitors to refer to if needed.

The manager told us there had been no complaints about the service since our last inspection. People who used the service said they had not needed to complain, but would feel comfortable speaking with staff or the manager if they had any issues or concerns. A person who used the service told us, "I've never had to complain. Maybe little niggles, but nothing worth reporting." Visitors told us, "I'd express any concerns" and "I feel fine to approach any of the staff."

Is the service well-led?

Our findings

At our last inspection in December 2017 the provider and registered manager had failed to adequately assess, monitor and improve the quality and safety of the service. This was a breach of regulation relating to governance.

A new manager had been in post since December 2017. They had worked closely with the local authority to make improvements and we received positive feedback about the changes they had made. At this inspection, there had been significant improvements in a number of areas, but further improvements were needed.

This was the second consecutive inspection where the service had not achieved a 'Good' rating.

The home did not have a registered manager. The new manager told us they would apply to become the registered manager, but had not completed this process as the time of our inspection.

Further improvements were needed to make sure medicines were managed safely and that records relating to medicines management were well maintained. Record keeping issues meant we could not be assured people's medicines had been administered as prescribed. This put people who used the service at increased risk of harm.

The provider did not have a robust recruitment process. This showed us the provider had not taken adequate steps to mitigate the risks associated with unsuitable people working with adults who may be vulnerable.

Complete and contemporaneous records were not always in place. For example, staff had not documented mental capacity assessments and best interest decisions. We spoke with the manager about consistently 'signing off' accident and incident reports to evidence they were satisfied with how staff had responded and to record actions taken to reduce the risk.

There remained gaps in staff training. This increased the risk of staff providing unsafe or ineffective care and support. Not all staff had received a supervision and these had not been completed at the frequency set out in the provider's new policy and procedure.

More detailed and regular audits had been completed since our last inspection, which showed issues and concerns were being identified. However, it was not always clear what actions had been taken or by whom. There had been no review of themes to guide service improvement or identify training needs.

The provider's nominated individual (the provider's representative) regularly visited the service. However, records of these visits did not evidence a robust provider level approach to auditing quality and safety. The provider's audits had not adequately supported the manager by identifying the issues and concerns found during our inspection. Whilst the manager was making positive progress, they did not have the support of a

deputy manager and two senior care workers had recently left the service. This had impacted on the speed at which improvements had been made and showed us more robust management structures were needed to support continued and sustained improvements at the service.

These issues and concerns showed the provider had not established and operated sufficiently effective systems to assess, monitor and mitigate risks and to make sure complete and contemporaneous records were in place. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service provided positive feedback about the support they received and staff were positive about the changes and improvements since our last inspection. They explained staffing levels had increased, the new manager was 'hands on' coordinating people's care and organising the shift. Staff explained how they felt listened to and told us the manager was very responsive to their suggestions or requests and acted immediately to make improvements. Feedback included, "Things are a lot better. [Manager's name] is hands on. Their door is always open and they will work on the floor too" and "A lot of the staff are a lot happier. If you tell [manager's name] anything they are quite good and will sort it as soon as they possibly can."

Staff explained the manager was available 'on-call' and would come to the service anytime of the day or night if they needed help. They said, "There is always [manager's name] on the end of a phone if you need anything" and "If we have any concerns about our residents the manager is straight here advising and assessing them."

The manager was open and responsive to feedback throughout our inspection and took immediate action to address any concerns. For example, making changes to the support provided at lunchtime to make sure the support was effective. This showed us they were committed to improving and continuing to develop the service for the benefit of the people who lived there.

The manager had organised staff meetings and a residents and family meeting since our last inspection. Staff meetings were used to share information and address practice issues. They provided a clear account of how the manager was being open and honest with staff about where improvements were needed and working hard to address these.

The residents and relative meeting held in March 2018 had been used to tell people about the changes in management and staffing, the changes and improvements being made and showed the manager had encouraged people to raise and issues or concerns they had.

The manager had completed questionnaires to gather feedback from staff, family and friends and professionals visiting the service. Responses to these contained largely very positive feedback about the home, management and the changes made. However, we spoke with the manager about collating and analysing the results to identify any action that could be taken in response to the feedback to further improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not established and operated effective systems to assess, monitor and improve the quality and safety of the service, to mitigate risks and to ensure accurate complete and contemporaneous records were in place in relation to each service user and person employed in the carrying on of the regulated activity. Regulation 17(2)(a)(b)(c)(d).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Information required under Schedule 3 was not available in relation to each person employed. Regulation 19(3)(a).