

Forward Care (Residential) Limited

Hill Farm

Inspection report

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Bobbing
Sittingbourne
Kent
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Tel: 01795841220

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07 March 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on the 07 March 2016. Our inspection was unannounced. This inspection was to follow up on actions we had asked the provider to take to improve the service people received and to follow up on concerns and information that we had received.

Hill Farm is located on the outskirts of Sittingbourne and staff provide care and support for up to nine people who have a range of physical disabilities and learning disabilities. People had sensory impairments, epilepsy, limited mobility and difficulties communicating. Accommodation is set out over two floors with lift access to the first floor. On the day of our inspection there were seven people with learning disabilities living at the home.

Hill Farm had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the home is run.

At our previous inspection on 09 and 15 June 2015, we found breaches of Regulation 9, Regulation 10, Regulation 11, Regulation 12, Regulation 13, Regulation 14, Regulation 15, Regulation 17 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. We took action against the provider.

The provider sent us information in September 2015 which evidenced that they had made some improvements to the service and had instructed help from an external consultant.

At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that improvements had been made which had moved the overall rating from inadequate to requires improvement, which was enough improvement to take the provider out of special measures. However, improvements to some areas were still required. As a result, they were breaching regulations relating to fundamental standards of care.

Records relating to care and support provided were not accurate and complete. Systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service, however these had not been fully embedded, which meant further improvements were required.

Staff training had improved, however further training was required to ensure staff had suitable training to meet people's needs. Staff had not received regular supervision.

The provider had not displayed the rating from the last inspection so that people, relatives and visitors could see it.

People's care plans had not been reviewed and updated to ensure that their care and support needs were clear and their preferences were known.

Medicines were accurately recorded and appropriately stored. Staff had not taken appropriate action to protect themselves from the risks of touching medicines. We made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority for some people, one had been missed. We made a recommendation about this.

Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse.

People's safety had been assessed and monitored.

Meals and mealtimes promoted people's wellbeing, meal times were relaxed and people were given choices.

The provider had made improvements to the home which included creating a sensory room.

There were enough staff on duty to meet people's needs. Staff said that they received good levels of support from the management team.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA), which included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 to enable them to protect people's rights.

People were supported and helped to maintain their health and to access health services when they needed them.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People's medicines were well managed and recorded. Staff had not protected themselves from risks when administering medicines because they had not worn appropriate gloves.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

There were enough staff deployed in the home to meet people's needs.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

Good ●

Is the service effective?

The service was not consistently effective.

Staff had not always received the training and support they needed to meet people's needs.

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place.

People were offered a choice of drinks and food and dietary advice given by professionals was followed.

People were supported effectively with their health care needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and respect. People's information was treated confidentially. Personal records were stored securely.

Staff were kind, caring and patient in their approach or

Good ●

supported people in a calm and relaxed manner.

People were supported to maintain important relationships.

Is the service responsive?

The service was not consistently responsive.

People were not always provided with personalised care. Activities had improved for people. Most people's care plans had not been updated or reviewed to reflect their preferences. Assessments of care and support required had not been undertaken.

People's and relatives views were gathered and feedback had been acted on.

The provider had a complaints policy, which was on display in the home.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The provider assessed the quality of the service and was still in the process of making changes and improvements to the service. Records relating to people's care had not been completed effectively. There were gaps in records.

The provider had not displayed the latest rating of their June 2015 report.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Requires Improvement ●

Hill Farm

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 inspection was carried out on 07 March 2016. Our inspection was unannounced. This was a focussed inspection to follow up on actions we had asked the provider to take to improve the service and also following concerns we had received since the last inspection.

The inspection team consisted of two inspectors.

We gathered and reviewed information about the service before the inspection including the provider's representations to action, information from the local authority, information from whistle blowers and our last report.

During our inspection we observed care in communal areas; 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 observed staff interactions with people and observed care and support in communal areas. We spoke with one visitor. We also spoke with seven staff including the cook and the registered manager.

We looked at records held by the provider and care records held in the home. These included four people's care records, risk assessments, four weeks of staff rotas, seven staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

We asked the registered manager to send additional information after the inspection visit, including some quality assurance records and audits. The information we requested was not sent to us in a timely manner. One health and safety audit which we requested was not sent to us at all, despite regular requests for the information.

Is the service safe?

Our findings

At our last inspection on 09 and 15 June 2015, we identified breaches of Regulation 9, Regulation 13, Regulation 15 and Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide care and support which met people's needs and had failed to ensure sufficient staff were deployed to meet people's needs. The provider had failed to safeguard people from abuse. The provider had not protected people from risks to their safety. The provider had failed to store food safely to protect people from cross contamination and the provider had failed to properly manage medicines. The provider had not ensured that premises and equipment was suitably maintained. We took action against the provider.

At this inspection we found that there had been some improvements to staffing levels, risk management, food storage, safeguarding, and maintenance of premises and equipment. However, there were still some areas of concern regarding management of medicines.

People were unable to verbally tell us about their experiences. We observed people were relaxed around the staff and in their own home, people were able to move freely around the home and access the secure garden.

At the last inspection we found that medicines had not been recorded adequately. At this inspection we found that medicines were appropriately recorded. Medicines were stored securely. We observed a trained staff member administering people's medicines during the morning and lunch time medicines round. The staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. When medicines had been administered appropriate records were made. When there had been errors in recording appropriate action had been taken. There were processes in place to monitor the safe administration of medicines to ensure that people received their medicines as prescribed. The deputy manager had completed audits in January and February 2016 which were detailed and identified any areas that needed to be improved.

We observed the trained staff member handle people's medicines with their bare hands, this put them at risk as the medicines could be absorbed through their skin which put them at risk of side effects. The staff member washed their hands after supporting each person to take their medicines as they had touched people's medicines and mouths. We spoke with the registered manager about this and they told us they would prefer staff to wear gloves when administering medicines.

We recommend that the provider follows good practice guidance to minimise risks to staff through direct skin contact with medicines.

At the last inspection we found there was not enough staff deployed to make sure that people were protected from harm or received the individual care they needed. At this inspection we found that staffing numbers had increased. We observed that there were suitable numbers of staff on shift to meet people's

needs. The staffing rotas showed that there were plenty of staff, on occasions this was reduced due to staff sickness. Agency staff had been booked to cover shifts when this happened. Staff told us that the service employed regular agency staff to ensure that they knew people well. We observed that agency staff working during our inspection knew people and had a rapport with them.

At the last inspection we found safeguarding concerns had not been appropriately reported to the local authority. At this inspection we found that appropriate action had been taken when there had been incidents of aggression between people living in the home. There was a safeguarding policy in place that was dated October 2015. This detailed the types of abuse and signs and symptoms of abuse and gave staff guidance about who to report their concerns to. The local authorities safeguarding adult's policy, protocols and guidance was in place. This contained information to enable staff to report abuse to appropriate organisations. Staff we spoke with had a good understanding of abuse and how to report it. This meant that people were protected from the risks of abuse through appropriate support and guidance.

At the last inspection we found that risk assessments had not detailed the action staff would need to take to protect people from harm. At this inspection, personal emergency evacuation plans (PEEPs) were relevant and up to date. PEEPs set out information to ensure staff and others knew how to evacuate people safely in the event of a fire.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks relating to day to day support and activities. For example, risk assessments were in place to minimise the risks of injury when undertaking trips into the community to places such as zoos, travelling in cars, buses and visiting the cinema. Risk assessments gave clear guidance to staff about safe working practices and reducing risks.

At the last inspection we found that fridge and freezer temperatures had been recorded but not appropriately monitored. At this inspection fridge and freezer temperatures had been accurately recorded and monitored. Appropriate action had been taken if the temperatures were higher than they should be and these actions ensure that food was stored within safe temperatures.

At the last inspection we found that dried food had been stored on the same shelving as chemicals in the cellar. During this inspection, food had been appropriately stored away from chemicals and other harmful substances. The cellar was clean and tidy.

We did not check staff recruitment files during our inspection because the inspection was focussed on checking that the breaches of regulations found at the last inspection had been met.

There was a fire risk assessment in place that had been reviewed in April 2015. Fire drills were regularly completed and documented. The home employed a maintenance person who made repairs as and when they were required. Records showed that regular checks were made on the lift, gas safety within the home and fire extinguishers. Checks were carried out in relation to water temperatures and water was monitored to prevent legionella. This meant that the home had been suitably maintained.

Is the service effective?

Our findings

At our last inspection on 09 and 15 June 2015, we identified breaches of Regulation 9, Regulation 11, Regulation 14 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to act in accordance with the Mental Capacity Act (2005). The provider had failed to provide training and support for staff relating to people's needs. The provider had failed to discuss people's care, support and treatment with a competent health care professional. The provider had failed to support people to have suitable food to meet their assessed needs and did not follow specialist advice.

At this inspection we found that some improvements had been made.

People were unable to verbally tell us about their experiences. We observed that people were supported to eat and drink at meal times to ensure they had enough to eat and drink. The atmosphere was calm and relaxed and people were smiling.

At the last inspection the provider had failed to give staff adequate supervision and support. At this inspection, the registered manager was aware that staff with responsibility for supervising other staff would need appropriate training that gave them the skills and knowledge they would need to carry out this task. Training was in the process of being sourced that would ensure that supervisory staff would be able to carry out supervision effectively.

Staff were not having regular supervision meetings in line with the providers own policy. This had been recognised as an issue by the registered manager and plans were in place to address this concern. An external consultant had been employed by the provider. They were providing support and supervision meetings to the registered manager. The registered manager had also recognised that appraisals would need to be completed for staff.

The staff training matrix identified that 13 staff had attended training relevant to people's needs and had a good understanding of how to meet people's needs. Where training needed to be refreshed courses had been booked to ensure that staff refreshed their knowledge to ensure they kept up with changes and good practice. Further improvements were required to ensure that staff had the right training to meet people's needs. Ten out of 13 staff had not attended training in supporting people who can display challenging behaviour. Two staff members who were part of the staff team were not shown on the training matrix, so we could not be confident they had received the necessary training to be able to carry out their roles.

This failure to provide training and support for staff relating to people's needs is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were being supported to complete the Care Certificate as part of their induction to work at the home. Two staff members were completing the care certificate at the time of the inspection. Other staff were being supported to complete further relevant professional qualifications and staff were preparing to enrol on Qualification Credit Framework courses.

At the last inspection the provider had failed to act in accordance with the Mental Capacity Act (2005). Staff and the registered manager had limited understanding of the Mental Capacity Act. 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.

At this inspection we found that people were only 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff we spoke with had a clear understanding of the MCA and DoLS. One member of staff told us, "Assume capacity unless proven otherwise" they went on to explain that people make choices through leading staff to objects and pointing if they are not able to verbally communicate. Appropriate applications and authorisations to deprive people of their liberty had been made to reapply for DoLS as required once they had expired. However, one person's DoLS had expired, this had not been picked up in the checks of DoLS that the registered manager was required to make. This meant that there were not always clear systems in place to track and monitor DoLS applications and authorisations.

We recommend that the provider puts adequate systems in place to track and monitor DoLS applications and authorisations.

Staff were aware that they needed to work with other professionals and with families when it was necessary to make a best interests decision if a person lacked the capacity to make the decision. For example, records demonstrated that this process had been followed when it was necessary to use general anaesthetic for a medical procedure. Capacity assessments were monitored to ensure they were current and accurate. We also viewed records that evidenced the home involved a person's family when assessing whether applying for a Motability vehicle.

At the last inspection we found that the registered manager had failed to involve professionals when developing guidelines about people's behaviour. At this inspection, records showed that referrals to appropriate professionals had been made and advice and guidance had been followed.

At the last inspection we found that people were not supported to have suitable food to meet their assessed needs. At this inspection, dietician advice and guidance had been followed. All staff were clear about people's dietary requirements including the cook. There were clear records of people's likes and dislikes in the kitchen. The cook explained how they catered for different people with regards to preparing foods that were softer and moist for those people who needed it. People's weights had been regularly recorded and monitored and action had been taken when these increased, such as referrals to health professionals.

We observed that people were given choices of meals. There were small print pictorial menus in place, which enabled people to see what the meals looked like. People had access to drinks when they needed them. Staff regularly offered people hot and cold drinks during the inspection. People were able to have their meals in the main dining room or in a smaller room if they preferred to eat their meals away from the larger group. Staff were engaged with people while they were eating their meals and there were friendly interactions between staff and the people who lived at the home. Staff were overheard asking people if they had enjoyed their meal and they supported people in a caring and attentive manner.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Pain assessments had been carried out and evidence showed that people had received pain relief when it was required. Staff had sought medical advice from the GP when required. Referrals had been made to speech and language therapist (SALT) for people who needed it. Records demonstrated that staff had contacted the GP, hospital, healthcare professionals and relatives when necessary. People had seen an optician on a regular basis to check the health of their eyes. The GP had reviewed everyone's medicines.

Is the service caring?

Our findings

At our last inspection on 09 and 15 June 2015, we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to treat people with kindness, compassion, dignity and respect. The provider had failed to support people to maintain relationships that are important to them and failed to ensure that people have autonomy and independence.

People were unable to verbally tell us about their experiences. We observed that people were relaxed and their facial expressions indicated that they were happy.

At the last inspection we found that staff did not interact with people well. People were not always treated with dignity and respect. At this inspection we observed that staff knew people well, interaction had improved and people were more engaged with what was going on in the home.

Throughout the day we observed good practice. People's requests and needs were met quickly. Staff communicated with people in their preferred manner. Staff were kind and caring. We observed that people who needed guidance to move around the home, were supported appropriately.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in the locked office to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Staff respected people's privacy. Staff detailed that when they supported people with their personal care in the bathrooms they ensured the bathroom doors were closed. Staff explained how they supported people to be independent where possible when washing or showering. When people (who received one to one staffing during the day) wanted privacy the staff ensured this happened. A member of staff told us they waited outside a person's bedroom when the person wanted to rest or listen to music and recognised that going into someone's room whilst they were resting or enjoying some alone time would be intrusive.

People's bedrooms had been decorated to their own tastes and personalised with pictures, photographs and items of furniture. Where possible, people's beds had been positioned where they wanted them. One person had moved bedrooms since we last inspected. Great care had been taken to ensure that the new room was decorated exactly like the old room to help the person feel settled.

Independent advocates were in place and were working with people. This ensured that people had additional professionals in their lives to monitor the care and support they received to ensure that people are getting out into the community and their choices and decisions were being respected. We spoke with an advocate who was visiting. They told us, staff were "Adaptable" and staff had "Good communication skills, they help me to understand what's trying to be said". The advocate shared that "Staff here are really caring".

Records included information about people's social history and family and friends who were important to them. People were supported to maintain relationships. For example, one person had recently been in contact with relatives they had not seen for many years and they were supported by the staff to build and maintain this relationship.

The home had an equal opportunities policy as well as an equality and diversity policy that outlined how people would be protected from discrimination. Observations of practice showed that this policy was being followed by staff.

Is the service responsive?

Our findings

At our last inspection on 09 and 15 June 2015, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide activities and stimulation for people in order to meet their individual needs. The provider had also failed to involve and include relatives when planning people's care.

At this inspection we found that some improvements had been made to activities, further improvements needed to be made to ensure people's care records were person centred and clear.

People were unable to verbally tell us about their experiences. We observed that people were supported to access activities in the local community. Staff listened to what people wanted and picked up on signs that people wanted to go out such as key words and actions.

The registered manager explained how they were in the process of updating and reviewing care plans and documentation. They explained that only one out of seven care plans had been amended. Further work was required on the remaining six care plans to make them reflect people's likes, choices, preferences. For example, care plans didn't show people's preferences for times of day they liked to go to bed or get up in the morning. There were no assessments on record to evidence that people's care needs had been reviewed or reassessed since they had moved to the home.

This was a breach of Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that people were not supported to engage in activities in their local community. People had not been involved in planning their care. During this inspection we found that improvements had been made to people's lives. Activities inside and outside of the home were more structured. One person who at our last inspection hadn't been out of the home for many years was supported to access the community freely. The staff had worked with healthcare professionals and ensured that suitable transport was in place to enable the person to get out. Records showed that the person had been out in the community in their car and had been to an African restaurant.

Staff told us they had supported people to try new activities such as ice skating and had been on trips to the beach, clothes shopping and local parks. Some activities took place within the home such as baking, arts and crafts and sensory activities. The staff had created a sensory room in an empty bedroom, this had been appropriately decorated and some sensory equipment had been purchased, the room was quiet and calm. This enabled people to choose other areas of the home to spend their time, the registered manager planned to purchase additional equipment to further improve people's sensory stimulation. Staff told us that people regularly chose to spend time in the sensory room. Staff recognised when people were not feeling well they may not want to be encouraged to do activities. Records showed a number of people had heavy colds and had been feeling unwell for a few days. The daily reports for this period showed that people had declined to engage in activities and had chosen to listen to music, watch television and relax.

Records showed that since our last inspection people had been supported to attend parties at different times of the year such as Christmas, Halloween and the summer and people had gone to a community dancing event. Trips out had taken place when the weather had been warmer to places such as castles, farms, bird sanctuaries and different beaches and shopping centres.

The registered manager reported to us that the level of incidents of people expressing behaviours that could be challenging to others had decreased since the introduction of more activities and increased staffing levels to meet people's needs.

The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. The complaints procedure was displayed in communal areas, which meant that people and their relatives knew how to formally complain. There had not been any complaints or compliments received.

Relatives had been sent surveys to ask their feedback about the service. We viewed seven completed surveys. These were generally positive. Comments included, 'I don't think [person] could be in a better home, he's very happy there. He is loved by everyone'; '[Person] is well cared for'; 'Staff interact with him well'. Relatives had suggested improvements within their feedback which included; a wider range of activities, better communication and access to community, sensory room, better facilities and a multidisciplinary approach. Relatives' views on behalf of their family members had been responded to. Activities had improved and increased, people were now accessing the community more often, a sensory room had been developed and records showed there had been a multidisciplinary approach to people's care and support.

Is the service well-led?

Our findings

At our last inspection on 09 and 15 June 2015, we identified breaches of Regulation 9 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. The provider had failed to assess, monitor and improve the quality of the service and maintain accurate, complete records. The provider had failed to work with other professionals. The provider had failed to notify CQC of important events.

At this inspection we found that some improvements had been made. The provider had carried out monitoring of the home. People were unable to verbally tell us about their experiences. We observed that the registered manager spent time in the home and knew people well; the registered manager's office had been relocated into the ground floor of the home, which meant they were more involved and had an awareness of what was happening each day.

At the last inspection records relating to care and support people received had not been completed effectively. At this inspection we found that records had improved. Staff documented when people made decisions. Records relating to people's food they had eaten were not complete. We viewed four days of meals records. The record for the 04 March 2016 had not been completed with information, only one person was recorded to have eaten on that day. This meant further improvements were required to ensure that records were accurate and complete.

At the last inspection the provider had not assessed the quality of the service. At this inspection we found that the provider had carried out several audits and identified actions required for the registered manager to complete. These actions had mostly been completed. The provider had also instructed external companies to audit the home. We viewed the report from the audit that had taken place on the 04 and 05 February 2016. An action list had been created along with a list of other concerns. Actions from the concerns list had been ticked off by the registered manager to show they had been completed. We saw that most of these had been completed when we inspected. However, one action was to update one person's care file to evidence that a relative had passed away. This had been ticked off to show it had been completed but it had not been done so the records detailed incorrect information about the person's next of kin and relevant contact numbers. This could cause anxiety and distress to relatives who were contacted. The actions required had not been completed when we inspected due to lack of time between receiving the report and our inspection. This meant the provider and registered manager needed more time to make improvements and changes to the service to ensure that improvements were sustained.

Further improvements were required to monitor the quality of the service and maintain accurate, complete records. There was a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Health and safety audits had been completed on a regular basis. These showed that when issues were identified they were addressed in a timely manner. For example, it had been identified that new linen bags were required for the laundry and these had been ordered straight away. The home had an infection control

lead and regular checks were carried out to identify any improvements required.

The provider is required to display their inspection rating following a CQC inspection. The rating for the inspection conducted in June 2015 was not displayed on the walls of the home. We spoke with the registered manager about this. They told us that the reason why this was not displayed was because they were embarrassed of the rating. The rating had also not been displayed on the provider's website.

The failure to display the rating was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the registered manager had little support from the provider to carry out their role. At this inspection the registered manager explained they felt more supported, an external consultant had been brought in to provide support to the registered manager and the registered manager felt this was working well.

At the last inspection the registered manager worked in isolation from other health and social care professionals. At this inspection, we found that the registered manager had sought advice and guidance from other professionals and had linked with other organisations to request advice, help and gain an insight into networks available in the local area to share good practice. Appropriate referrals had been made to medical professionals when it was identified that input was required. The home had worked closely with the local community psychiatrist. Other referrals had been made to an occupational therapist to complete a bathing assessment for people who lived at the home. The registered manager was working in a positive way with other professionals. Information was being communicated with care managers if there were incidents involving people.

At the last inspection the provider and registered manager had not notified CQC if import events and incidents. At this inspection, this had improved. CQC and the local authority had been notified of important events such as, Deprivation of Liberty Safeguards (DoLS) authorisations and incidents of abuse. This meant that the correct action had been taken by the registered persons.

Staff were positive about improvements at the home. One staff member told us "Everyone is pulling together" and that morale was improving. Another member of staff told us, "The team works well together, the support is there" and "Morale has got a lot better". Staff reported that the director regularly visited the home and they found them approachable. Staff also expressed confidence that they would be supported if they raised concerns or made suggestions to the registered manager. Staff knew about the homes whistleblowing policy and that they could contact other organisations such as the CQC if they needed to blow the whistle about concerns.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured that people received appropriate care that met their needs and reflected their preferences. Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not embedded systems fully to effectively monitor and improve the service. Records were not complete and accurate. Regulation 17 (1)(2)(a)(b)(c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider had failed to display the rating from the last inspection in the home and on their website. Regulation 20A (1)(2)(a)(b)(c)(3)(7)(c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received appropriate training and support in order to meet the needs of people they provided care and support to. Regulation 18 (1) (2) (a)</p>

