Alan Coggins Limited

Knyveton Hall Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 26 July and 2 August 2018. Both days were unannounced. The aim of the inspection was to carry out a comprehensive review of the service and to follow up on the seven requirement notices that were issued at the previous inspection in November 2017.

Knyveton Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate a maximum of 39 people who require support with personal care. There were 28 people living in the home at the time of our inspection.

Accommodation is provided in individual bedrooms on the ground, first and second floors. Some rooms have ensuite facilities. There is a large lounge and a dining room on the ground floor.

The service was led by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we identified that management systems in the service were not effective and this had resulted in seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to person centred care, acting in accordance with the Mental Capacity Act 2005, the management of risk and of medicines, receiving and acting on complaints, staff support and training, record keeping and good governance. Required notifications had also not always been submitted to CQC. The service was rated as inadequate in relation to the question: is the service safe? Rated as requires improvement with regard to the questions is it effective? Is it responsive? Is well led? And was rated good for is the service caring? At that inspection the service received a rating of requires improvement overall.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions is the service safe? Is the service effective? Is the service responsive? And is the service well led? to at least good. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our last inspection had been made.

The registered manager had taken ownership of the concerns and had employed a specialist care home consultant to support the work required to improve the service. At this inspection we found that improvements had been made in all areas, and that all except two of the regulations had been complied with. We found that there were still shortfalls in the management of medicines and auditing processes which had not identified the issues noted at this inspection. The registered manager gave us assurances that work to complete improvements was ongoing and agreed to keep us informed when outstanding actions were completed. This is the second time that the service has been rated as Requires Improvement overall.

However, the registered manager has demonstrated that they are making and will continue to make the required improvements and this is recognised in the improved ratings for three of the four areas which were previously rated inadequate or requires improvement. You can see what action we told the provider to take at the back of the full version of this report.

All the people we spoke with told us they felt safe and well cared for. Visitors, staff and health professionals confirmed that they had observed improvements in the service. We received only positive comments about Knyveton Hall throughout our inspection.

People told us their care and support needs were met and that the staff were kind, caring and respectful. Staff spoke knowledgeably about people's needs and how to support them. They confirmed that management changes since the last inspection had been positive and that they had completed a number of training courses which had provided them with better understanding skills to care for people.

People were protected from abuse and neglect. Staff knew how to raise concerns about poor practice and suspected wrongdoing under the provider's whistleblowing procedures.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005, including the deprivation of liberty safeguards. Where people could give consent to aspects of their care, staff sought this before providing assistance. If there were concerns that people would not be able to consent to their care, staff assessed their mental capacity. Where they were found to lack mental capacity, a decision was made and recorded regarding the care to be provided in the person's best interests.

Staff worked in line with the requirements of the Mental Capacity Act 2005. The registered manager understood the requirements of the Deprivation of Liberty Safeguards.

There were sufficient staff on duty to keep people safe and provide the care they needed. Staff had the training and supervision they needed to perform their roles effectively.

Robust recruitment processes helped ensure that only suitable staff began working at the service. These included obtaining references and a Disclosure and Barring Service (DBS) check before candidates started working with people.

Staff were positive about their roles and told us they were well supported by the registered provider and registered manager.

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 always safe.

People were not always protected against the unsafe management and use of medicines.

The assessment and management of risks was not always effective.

Systems and procedures to prevent the spread of infection were not always robust.

Staff were safely recruited and there were enough staff to make sure that people received the care and support they needed.

Is the service effective?

Good

The service was effective.

Staff were supported through training and supervision to be confident and capable in their work.

Staff made timely referrals to healthcare professionals, and acted on their recommendations.

People told us that the food was good and they enjoyed the meals at the service

Is the service caring?

Good

The service was caring.

People were treated with dignity, respect and kindness. Their independence was promoted.

People, and where appropriate their relatives, were fully involved in decisions about their care and support.

People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care planning was focused on the person's whole life, including their goals, skills, abilities.

People who used the service and their visitors felt confident that if they complained, this would be taken seriously.

People were supported to make decisions about their preferences for end of life care.

Is the service well-led?

Requires Improvement

The service was well led but required further improvements.

The provider had taken steps to meet their responsibilities to manage the service under the Health and Social Care Act 2008 but work was still required to fully meet these.

Action had been taken to improve quality monitoring systems but further work was required to ensure these were fully effective.

Knyveton Hall Rest Home

Detailed findings

Background to this inspection

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

The inspection took place on 26 July and 2 August 2018 and was unannounced. An adult social care inspector and an assistant inspection undertook the first day of the inspection. Two adult social care inspectors and a Specialist advisor with current clinical knowledge of older people's care, completed the inspection.

We used the information the provider sent us in the Provider Information Return (PIR). 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 the improvements they plan to make. We reviewed all the other information we held about the service, including previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We also contacted the local authority commissioners of the service to establish their view of the service.

As part of the inspection we spoke with eight people who lived at the home to find out about their experiences of the care and support they received. 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 also spoke with 5 staff members, the deputy manager and the registered manager. In addition, we spoke with two visitors to people living in the home, a GP and a district nurse.

We looked at five people's care plans; these included risk assessments and medicine records. We also looked at records relating to the management of the service including audits, maintenance records, and six staff recruitment, training and supervision files.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and well cared for. When we asked one person if they felt safe and respected they replied, "All of them [the staff] are very nice and they help me if I'm stuck. I've no complaints at all."

At the last inspection we found shortfalls relating to medicines management, risk assessment, fire precautions and the maintenance of the premises and equipment.

Following the last inspection, the registered provider had reviewed and improved the systems in place for the management and administration of medicines. We checked the storage and administration of medicines, and discussed medicines management with the staff member who had been given overall responsibility for medicines management by the registered manager.

Senior care staff with regular responsibility for administering medicines had received additional training and their competency had been reassessed. However, some people were prescribed topical medicines including aqueous, steroid and antifungal creams. These items were stored in people's own rooms and generally applied by care staff whilst they were supporting people with personal care. These staff had not received training to apply the prescribed items. When this was highlighted to the registered manager they agreed to address this matter immediately. We also noted that there was not always clear information about where the topical item should be applied, how much or how often.

Some people needed their medicines to be administered covertly as they were not able to understand the consequences of refusing medicines. There was a policy and procedure in place to ensure that this was done safely and in the best interests of the person. We found that part of the procedure had not been followed and a pharmacist had not confirmed that the method used to disguise the medicine was the safest and most effective means and did not compromise how the medicine worked. The registered manager agreed to take immediate action to address this.

The quantity of medicines delivered to the home were checked by staff. However, the existing stock balance was not added to the new amount received and this meant that there was no record of the total stock which should be in the home. It was therefore not possible to check that the record tallied with the actual stock of each medicine. Many of the Medicine Administration Records (MAR) were handwritten and did not include two staff signatures (to ensure the record was correct), the start date for the medicine or the route of administration (e.g. oral or topical). National and local medicines policies contain clear guidance about the processes to be followed when hand writing MAR and this was discussed with the registered person. The registered manager later confirmed that they had amended their policy to include this and would ensure staff worked in accordance with this in future.

One person was prescribed a strong pain killer to be taken as and when this was required. (Also known as PRN). Records did not include the maximum amount that could be given over a 24-hour period and this meant that there was a risk the person could be given too much. The person was also taking the medicine

on a very regular basis and this should therefore have been reviewed with the GP to assess whether the item could be given so frequently and whether further pain management was required. Four other people had medicines that were prescribed as PRN. However, fixed times had been assigned to these medicines on the MAR and this meant there was a potential risk that staff would not recognise that people could have these medicines at other times of the day if required.

Since the last inspection a new audit of medicines had been introduced. This tool was not fully effective as it had not identified the issues above. The person completing the audit had also ticked the forms to confirm that room temperatures were monitored and recorded to ensure medicines were stored at the correct temperature. We asked to see records of room temperature checks and were informed that this was not actually being done although audits indicated that it had been. This meant that we could not be certain that medicines were stored within recommended temperatures.

Some people were provided with homely remedies such as creams and paracetamol. These items were not included in any care plans and there was information in care plans about these. Staff confirmed that they had not consulted a GP and/or pharmacist to ensure that such items would not have any adverse effect on the person.

Risks to people were identified and assessed. Where possible risks to people such as a risk of falling, skin integrity issues or weight loss were identified, an assessment had been completed and a risk management plan for each risk area was in place. For example, where people had been assessed as being at risk of developing pressure sores, care plans informed staff about the types of equipment that should be used and how often people should be supported to change position. Records also showed that appropriate advice was sought from health professionals such as district nurses. We spoke with one of the district nurses who visited Knyveton Hall during our inspection and they confirmed that the service sought advice appropriately and acted on any advice or guidance that was provided.

The service had identified, through assessment tools and monitoring people's weight, that some people were at risk of becoming malnourished. Staff were aware of the people this related to and told us they encouraged people to eat and drink. Food and fluid monitoring charts had been put in place but these were not always completed properly: there were no target amounts of food or fluid that people should consume and therefore there was no measure in place to judge if people's intake was poor and action needed to be taken.

At the last inspection it was noted that some areas of the home such as communal stairways had not been risk assessed. At this inspection we found that an assessment had been completed for some, but not all, of the stairways and not all of the risks had been fully considered. For example, one of the stairways was very narrow and steep. The risk assessment stated that only staff were to use these stairs and did not include the possibility that someone living at Knyveton Hall may try to use the stairs without understanding the risks.

Following the last inspection, to ensure that all other areas of the home were checked and risk assessed, either the registered manager or the deputy manager completed regular "walk the floor" checks of the home and all bedrooms were checked once a month. The bedroom checks did not always contain enough detail to assess what risks had been looked at and whether any action was required or taken.

During a tour of the premises, it was noted that there were some parts of the home that smelt of urine. This was discussed with the registered manager who advised that some people were experiencing continence difficulties and were receiving support from health professionals. The registered manager stated that cleaners were trying hard to keep the areas clean and odour free and agreed to ensure that further work was

undertaken in this area. Also during the inspection, we noted that, in some areas, bars of soap were provided in communal toilets, and the communal bathroom on the first floor did not have any hand washing facilities. Some of the care staff also wore long false nails. These issues can create infection control risks. We also noted that there was not always separate liquid soap and paper towels for staff within ensuite facilities. This meant that there was a greater risk of infections because staff did not have easy access to appropriate hand washing facilities.

These shortfalls were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risks associated with the unsafe management and use of medicines. The assessment and management of risks, especially in relation to nutrition and hydration were not always effective. Systems and procedures to prevent the spread of infection were not always robust.

Accidents and incidents were monitored to look at possible risks or failures in systems or equipment. Following any accident, the registered manager reviewed the person and their records to make sure that any identified actions had been followed through. At the end of each month, all accidents and incidents that had occurred in that period were reviewed to look for any trend or hazard where action could be taken to reduce further such occurrences.

At the last inspection we found that some carpets in the corridors were loose or worn, which created possible trip hazards. There were also cracked and damaged tiles around the bath and window sill in a first-floor bathroom. These presented both a health and safety and an infection control hazard. At this inspection we found that some carpets were still possible trip hazards and that the tiling in the first-floor bathroom had not been repaired. The registered provider shared information with us about this work and agreed that they would immediately attend to health and safety issues.

The registered manager had reviewed the fire precautions in the home and retrained staff on requirements such as keeping fire doors shut, reporting concerns and ensuring escape routes were kept clear. Arrangements to keep people safe in an emergency had also been reviewed and improved. Staff understood these and knew where to access the information. Each person had a personalised plan to evacuate them from the home and these were regularly reviewed. The home also had plans in place to manage interruptions to the power supply, breakdown of equipment or other emergencies. All of the required tests and checks were carried out as required and staff had received training in the action to taken in the event of an emergency. We provided the registered manager with advice about the frequency and content of the tests and checks and, the recording of these.

People living at the home, relatives and staff, all told us that they believed staffing levels were sufficient to meet people's needs. People said their call bell was answered in good time and their care and treatment needs met. Relatives also confirmed that they had observed that call bells were answered promptly and people were checked regularly where they were unable to use the call bell.

There were satisfactory systems in place to ensure that people were supported by staff with the appropriate experience and character. Recruitment records showed that the service had obtained proof of identity including a recent photograph, a satisfactory check from the Disclosure and Barring Service (previously known as a Criminal Records Bureau check) and evidence of suitable conduct in previous employment

At this inspection there were satisfactory systems in place to safeguard people from abuse. The staff we spoke with demonstrated a good understanding of safeguarding people: they could identify the types of abuse as well as possible signs of abuse and knew how to report any concerns they may have. Records

showed that the provider had notified the local authority and CQC of any safeguarding concerns or incidents and the registered manager had taken appropriate action when incidents had occurred to protect people and reduce the risk of repeated occurrences. Information about the outcomes of and learning from safeguarding investigations had been shared with staff. This meant staff had been made aware of the actions needed to minimise the risks and improve care and support to people.

Good

Is the service effective?

Our findings

People told us staff were skilled and that they had confidence in them. Visitors and health professionals told us they found the staff approachable and understanding. A member of staff told us they had attended various training courses since the last inspection and had found these very good.

At the last inspection we found that staff had not always received appropriate supervision and training and that the service did not always act in accordance with the Mental Capacity Act 2005. We also found that current good practice guidelines for the environment to support people living with dementia or cognitive impairments were not being followed.

People received support from staff with suitable knowledge and skills to meet their needs. The registered manager explained that they had completed a full review of staff training and supervision following the last inspection and a new programme had been implemented. Minutes of staff meetings showed that this had been shared with staff and a review of supervision and training records showed that the new systems had been fully implemented.

Staff confirmed that they received the training they needed to carry out their roles. Training records showed that staff had received training in essential areas including those which were outstanding at the last inspection. Recent training provided to staff had included health and safety, COSHH, emergency aid, basic life support and food hygiene. Some staff had not completed refresher training within the timescales laid down by the registered provider. The registered manager demonstrated that they were aware which staff required refresher training and had training sessions planned to address this. The registered manager had also booked further training for staff in areas such as dementia care.

Staff were provided with support and supervision. Staff confirmed that supervision took place to enable them to discuss their work, resolve any concerns and plan for any future training they needed or were interested in undertaking. Supervision sessions were documented on staff files and there were clear processes in place to inform and support staff where issues or concerns were identified with their performance.

Staff had a good understanding of how people preferred to be cared for. During the inspection there were many examples of staff reassuring people if they became upset or chatting to them about their family or previous events in their life. Discussions with staff showed that they understood when people had the capacity to make decisions for themselves and that these decisions should be respected.

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

People told us they made their own choices and that staff listened to and acted upon their decisions. Consent was sought by the service with people signing agreement to things such as the use of photography and equipment such as bed rails.

Where people lacked capacity to make specific decisions, mental capacity assessments and best interests decisions were in place. For example, there were assessments in place for the provision of personal care and the use of pressure mats to alert staff when people were mobilising who may need support.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when DoLS applications would be required and had a system in place to ensure they were aware when DoLS authorisations expired and any conditions had been adhered to.

People told us they enjoyed the meals. Records showed that staff were aware of people's likes and dislikes and the cook confirmed that menus were adapted to meet individual needs. The registered manager explained that menus are planned in accordance with the meals that they know people enjoy. For example, they try to have three roast dinners per week and also ensure dishes such as liver and onions and shepherd's pie are served regularly. After lunch on the second day of the inspection, one person told us, "I really enjoyed that, it was very nice."

People were supported to access the health care they needed. People told us that staff sought medical help quickly when they were poorly. Records confirmed this showing that people had seen their GP, nurse, podiatrist or dentist, and other professionals such as hospital consultants, dieticians and physiotherapists. A visiting GP told us that they found the staff to be "very caring and they know the residents very well."

The home was not purpose built to accommodate older people and consequently, whilst having a very homely atmosphere, some parts of the home did not easily meet people's needs. For example, there were various different levels in the building with small flights of stairs and some corridors were narrow which made access with equipment such as wheelchairs more difficult. The registered manager confirmed that they were aware of this and allocated rooms to people which would best suit their needs including offering different rooms to people as their needs changed.

Some of the people in the home were living with dementia. Signage and equipment was not always clearly adapted to assist people living with dementia: for example, research has shown that strongly coloured toilet seats help people recognise the lavatory and therefore supports them with continence. Also, coloured crockery that is also adapted to help people eat independently, has shown people's dietary intake improves. The registered manager acknowledged this but explained that the people currently living in the home did not require such support but that this would be considered for the future.

Good

Is the service caring?

Our findings

As at the previous inspection, people described staff as caring and approachable and confirmed that they received help and support when they rang their call bell or asked someone. Relatives told us that they were happy with staffing levels in the home and they always received a warm welcome.

Throughout our inspection we observed people were treated with dignity and respect by staff. There was a relaxed, friendly atmosphere in the home. People were offered choices about what they would like to do and where they would like to sit. Staff knocked on people's bedroom doors before entering their rooms and called people by their preferred name. Personal care was carried out in people's bedrooms to ensure their privacy was maintained. People's care records were kept securely in a lockable room and no personal information was on display.

Staff spoke knowledgeably about the people they cared for; they explained what people's needs were and how people liked to have their care provided. They also knew what their likes and dislikes were and in many cases, knew the person well enough to be able to chat with them about family, friends and past experiences.

There were positive interactions between staff and the people they were supporting. Staff had a good rapport with people.

People's views and preferences for care had been sought and were respected. People's life histories, their important relationships, hobbies and previous life experiences were documented in their care plans. The records included detail about how people preferred to spend their day, their night time needs and what social activities and hobbies they enjoyed. This information was useful for staff to get to know the person well and provide activities they enjoyed.

Relatives told us they felt communication in the home was effective and told us staff were good at keeping them up to date with how people were and whether they needed anything such as items of shopping.

People were smartly dressed, clean and comfortable. People who used aids such as hearing aids or glasses were wearing them and people had their watches or jewellery, such as a necklace or earrings, on where they chose to.

People's bedrooms were personalised with items of their furniture, ornaments, pictures and photographs of people who were important to them.

Good

Is the service responsive?

Our findings

People had their call bells positioned near them so that they could summon assistance whenever they needed to. They told us staff responded quickly to their requests for assistance. Many people were unable to use a call bell. Staff were aware of who these people were and made additional checks to ensure that they were comfortable and offer any support that may be required.

At the last inspection we found that proper steps had not been taken to ensure that people received the care, treatment and support they needed. The registered manager confirmed that a comprehensive review of how people's needs were assessed, planned for and met had been undertaken and new documentation had also been introduced because of this. The new care plans were person centred and focussed on people's abilities, strengths and preferences. For example, there was clear information about people's night routines and requirements and detailed descriptions of some of the signs or symptoms that people's mood or behaviours may be changing.

People's needs were assessed before they came to stay at the home. This made sure staff understood what support the person wanted or needed. Following admission, a procedure was in place to make sure that people's support needs and preferences were clearly documented together with a plan of how their needs should be met. This included areas of a person's care such as their health and medicines needs and DNACPR (Do not attempt cardio pulmonary resuscitation) status. Any risks were identified and acted upon.

Staff used assessments to develop care plans related to people's individual needs. One person had mobility issues; their care plan explained to staff how they needed to be supported including what equipment was required and any identified risks. Another person could become worried and anxious. Their care plan explained to staff what they could do to help. This included using communication, reassurance and leaving the person for a while before offering support again, possibly from a different member of staff.

Daily records were kept of the support people had received. Where any issues or concerns were identified, staff reported this to senior staff and records showed that actions such as contacting relatives or a GP were taken in response.

At the last inspection it was noted that most activities were group sessions and the registered manager had confirmed that they were looking at providing more individual activities especially for people who chose to stay in their rooms. At this inspection staff confirmed that they were aware of people who may become isolated by staying in their rooms and tried to ensure that they spent some time with them each week. However, nothing formal had been planned and the registered manager confirmed this remained an area for further improvement. As at the last inspection, people and visitors told us that they were happy with the level of activities offered in the home. The registered manager confirmed that staff continued to accompany people out on trips into the community either for medical appointments such as trips to the hospital or dentist or for walks to the sea and shopping trips.

At the last inspection we found that complaints had been made to the registered provider but these had not

been properly investigated and responded to. At this inspection, people told us they would be happy to raise a concern or make a complaint if the need arose. No complaints had been made to the home since the last inspection. Information about how to complain was available on notice boards in the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved in. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable.

The Accessible Information Standard is a law that aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Senior staff told inspectors that they were not aware of this standard but were able to demonstrate that they were aware of people's sensory loss and communication needs and had previously taken steps such as printing documents in large print or reading documents aloud to people. Staff also confirmed that they provided the support people required in these areas. The registered manager confirmed, after the inspection, that they were aware of the requirements of this legislation.

People were supported, at the end of their lives, to die in comfort and with dignity. Staff liaised with GPs and district nurses to provide the support needed, for example ensuring that anticipatory end-of-life medicines were in place. Staff discussed with people and their families' preferences regarding end of life care, if they were willing to discuss this. Any information was recorded in the person's care plan including whether the person had preference to stay at the home or to go to hospital. No one was receiving this care at the time of our visits however we saw letters and cards that had been sent by relatives of people who had died recently. These expressed appreciation for the care and support people had received.

Requires Improvement

Is the service well-led?

Our findings

All of the people and visitors we spoke with were positive about the registered manager and the way the home was managed. People and relatives told us that there were always staff available to them if they had queries or concerns and that they knew the registered manager was available for them should they need her. They added that they knew that they would be listened to and that action would be taken if they raised concerns.

At the last inspection we identified that management systems in the service were not effective and this had resulted in the seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that were found. The registered manager had taken ownership of the concerns and had employed a specialist care home consultant to support the work required to improve the service.

At this inspection we found that improvements were underway to address the shortfalls identified at the last inspection. The registered manager gave us assurances that work was continuing to ensure that the service fully met the regulations and agreed to keep us informed when outstanding actions were completed.

Quality assurance systems were in place to learn from current performance and drive continuous improvement. Following the last inspection, the registered manager had reviewed the systems that had been in place and amended them to provide better information. Many new audits had been implemented including audits of medicines, care plans, accidents and incidents, falls and infection control. A tracker of staff training had also been created to demonstrate the training staff had received and when further training was due. Some of these new systems had not been fully implemented and this meant that the service had not identified the shortfalls found at this inspection.
This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Record keeping at the service had improved: entries in records were signed and dated and handwritten entries were easier to read and understand. Detail in entries had records had improved and staff signed to confirm attendance at training events, staff meetings and supervisions.

The service operated openly and transparently, working cooperatively with other organisations to ensure people were safe and received the care and support they needed. A visiting GP confirmed that staff from the service contacted the surgery appropriately and acted on advice and instructions that they were given. Staff knew how to raise concerns about poor practice and suspected wrongdoing under the provider's whistleblowing procedures.

There was open communication with people who used the service, their relatives and staff. As well as the manager's informal conversations with people, there were resident's and relative's meetings. Minutes of recent meetings showed that topics that were discussed included activities and events, menus and a discussion about satisfaction surveys and quality assurance. Staff received updates about the service at staff meetings, at which they were encouraged to contribute their points of view. For example, the previous

inspection report was discussed and other agenda items included staff rotas, the new supervision system, training, work related stress and the new General Data Protection Regulations.

The registered manager had taken steps, following the last inspection, that all required notifications were made to CQC and the most recent CQC inspection rating and inspection report were prominently displayed in the home.

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 were not protected against the risks associated with the unsafe management and use of medicines. The assessment and management of risks, especially in relation to nutrition and hydration were not always effective. Systems and procedures to prevent the spread of infection were not always robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes, whilst improved, had not always been effective in monitoring the quality and safety of the services provided.