

Denmax Limited

Richard House Care 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 inspection took place on 17 December 2018 and was unannounced.

Richard House offers accommodation for up to 29 people who require assistance with personal care and support. The home is a two-storey building with bedrooms and bathrooms on both floors and secure garden areas. At the time of the inspection 18 people were using the service and one person was in hospital.

At our previous inspection conducted in May 2017 the service was given an overall rating of Good and there was a breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

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 question of Well-Led to at least Good, which we received. At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance and safe care and treatment. We also made a recommendation about activities.

You can see what action we told the provider to take at the back of the full version of this report.

Richard House 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.

There was a registered manager in post. 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.

Accurate records to demonstrate the safe management of people's medicines were not always present and the provider was unable to demonstrate sufficient time was being maintained between medicines. Medicines were brought from the upper floor of the building to downstairs to give to people which is potentially unsafe practice.

Records regarding PRN (when required) medicines were not always accurate.

We found gaps in some people's medicines administration records (MAR's). MAR charts were not always easy to read for some people. Three MAR's we looked at were missing a picture of the person and one MAR had no name of the person on it.

Some MAR's did not have any specialist instructions for people with swallowing difficulties and how this may

affect their ability to take their medicines.

When people were identified as having dietary needs either due to swallowing difficulties or weight loss, care plans had not been updated to reflect this need and monitoring charts had not been implemented to demonstrate people's needs were being met.

One person had been in residence at the home since September 2018, however no risk assessments had yet been undertaken.

The arrangements for assessing quality and safety required further improvements to ensure they were effective and robust in identifying concerns; audits undertaken had not identified the concerns we found during this inspection regarding the safe management of medicines and the absence of up to date records.

Activities provided to people were limited and we have made a recommendation about providing activities in relation to people's identified preferences and choices.

Any accidents or incidents had been recorded and acted upon.

People who used the service and their relatives told us they felt safe living at Richard House and there was an appropriate safeguarding policy in place.

People told us they felt there were enough staff on duty to meet their needs and the home assessed people's dependency levels to ensure there were sufficient staff on duty.

We observed many good interactions between staff and people who used the service; people and their relatives told us staff were kind and caring.

The registered manager was aware of their responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures. Staff had knowledge of Mental Capacity Act (2005) and no-one was unlawfully deprived of their liberty.

There was a business continuity plan in place which provided staff with guidance on what to do in case of an unexpected event. People had personal emergency evacuation plans in place which provided staff with guidance on how to safely evacuate each person, if necessary.

Equipment used by the home was maintained and serviced at regular intervals.

There was evidence of robust staff recruitment procedures.

All areas of the service were clean and there were no malodours in any of the communal areas or bedrooms we checked.

People had access to and were supported by staff to see healthcare professionals and the service was adapted to support people with additional mobility needs.

People had personalised their bedrooms with individual items such as family photographs, bedding and personal objects.

Formal meetings with staff were not held regularly and meetings with people who used the service and their

relatives were also not regularly undertaken, which lessened the opportunities for people and staff to contribute their views about the service provided.

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 consistently safe.

Medicines were not consistently managed safely.

Safeguarding reporting procedures were in place; staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Staff were recruited appropriately to ensure they were safe to work with vulnerable adults.

Requires Improvement ●

Is the service effective?

The service was effective.

Care plans included a range of health and personal information, however up to date records had not always been maintained for some people who used the service.

New staff received induction and training was provided. Staff supervisions were undertaken.

Staff had knowledge of Mental Capacity Act (2005) and no-one was unlawfully deprived of their liberty.

Good ●

Is the service caring?

The service was caring.

Staff demonstrated a caring attitude towards people and were careful to protect the privacy and dignity of people who used the service.

Records were stored confidentially and staff were aware of protecting data.

Visiting was encouraged to enable people to remain in touch with their family and friends.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People told us the service was responsive to their needs.

People's care plans contained information about their preferences and wishes.

There was a complaints procedure displayed for people to raise any concerns they may have and people knew how to make a complaint.

Is the service well-led?

The service was not consistently well-led.

The audits we saw had not identified the concerns we found during this inspection regarding safe care and treatment and good governance.

Policies, procedures and other relevant documents were reviewed to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

Requires Improvement ●

Richard House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 17 December 2018 and was unannounced. The inspection was undertaken by two adult social care inspectors and an assistant adult social care inspector.

In advance of the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We also contacted the Stockport local authority commissioners who had no concerns about the service.

Prior to the inspection we received a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service.

We spoke with four people who used the service, two visiting relatives and seven members of staff including three care staff, two cooks, a domestic and the registered manager. We also spoke with the service registered provider.

We looked at records held by the service, including five care files, three people's medication administration records (MARs) and five staff personnel files. We also undertook pathway tracking of three care records, which involved cross referencing care records via the documentation available in the home, in order to establish if people's needs were being met.

We observed care within the home throughout the day including a medicine round and the lunchtime and breakfast meals.

Is the service safe?

Our findings

At our last inspection in May 2017, we rated this domain as Good and there were no breaches of regulations. At this inspection we found a breach of regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

We looked at how medicines were handled and case tracked three people's medicines records. Senior staff who administered medicines had received the appropriate training in the safe handling of medicines, which we verified by looking at training records.

We observed a medicine round and saw staff wore a red 'do not disturb' bib whilst administering medicines to help lessen the chance of being interrupted. However, we found staff 'potted up' people's medicines from the medicines trolley stored in the medicines room on the upper floor of the building and then brought them downstairs to give to people. We discussed this with the registered manager who told us the home had tried bringing the medicines trolley downstairs but this had not worked as staff kept getting interrupted. Carrying medicines around the home is potentially unsafe as there is an increased opportunity to drop them or for staff to be interrupted and people may refuse to take their medicines after they had been taken out of their original packaging.

We found gaps in people's medicines administration records (MAR's). MAR charts were not always legible because holes had been put in the document for filing which had removed the name of some of the prescribed medicines.

Records regarding when required (PRN) medicines did not always identify the specific time, date and dose given and the reason for giving them, and some people did not have any when required (PRN) charts in place. The times for administering one person's paracetamol had been pre-written onto their MAR sheet indicating they were being administered at the same time each day, rather than the actual time that it was given to ensure four-hour intervals were maintained between doses. Furthermore, the instruction on their MAR indicated only two tablets should be taken twice each day but records showed for the two days prior to inspection that they had been administered four times each day which was in contradiction to the prescriber's instructions. We spoke with the registered manager about this who acknowledged the service was unable to demonstrate sufficient time had elapsed between doses.

Three MAR's we looked at were missing a picture of the person and one MAR had no name of the person on it. People's allergies were not consistently identified on their MAR charts.

Some MARs did not have any specialist instructions for people with swallowing difficulties and how this may affect their ability to take their medicines, and there were no additional instructions for staff regarding one person who had very minimal vision and how this may affect their ability to take their medicines. Three MAR's we looked did not contain any directions for administering their medicines; it is good practice for MAR's to contain and up to date picture of the person receiving the medicine to help ensure the right person receives the right medicine.

There was sufficient stock of all people's medicines and controlled drugs were handled appropriately. Controlled drugs are medicines subject to stricter control measures.

We identified one person had been admitted in September 2019 and still had no risk assessments and care plans in place. There were also another two examples where documentation had not been updated to capture people's changing risks. This included following a visit from speech and language therapy (SaLT) and dietary changes and when a person had been identified as having poor dietary intake.

These issues meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

People had a variety of risk assessments in place to keep them safe; these included assessments for falls, skin integrity, dietary needs, communication, memory and cognition, moving and handling, personal hygiene and bathing, malnutrition and medication. This helped ensure guidance was in place for staff on minimising risks to people's wellbeing and safety. The risk assessments were reviewed and updated when changes occurred.

People who used the service and their relatives told us they felt safe living at Richard House. One person said, "I feel safe. Staff pop their head around the door at night to see you're alright." A second person told us, "Staff check on you two or three times a night, I've no safety concerns and I'd press my buzzer if I needed staff and they'd come quickly." A third commented, "I just feel safe anyway, without the checks." A visiting relative told us, "[My relative] feels very safe. I hope [my relative] stays here now as I know they're safe and happy."

There was an appropriate safeguarding policy in place, which referenced legislation and local protocols, as well as a whistle blowing policy, which is intended to help guide staff on how to report any poor practice they may witness. Staff training records showed care staff had undertaken safeguarding training and staff we spoke with demonstrated an awareness of safeguarding issues and reporting mechanisms.

People told us they felt there were enough staff on duty to meet their needs. One person said, "I think there's enough staff. I press my buzzer and I don't have to wait long; they're quick and it's like they're outside my door." A second person told us, "We don't have to wait for anything." Staff also told us there were sufficient staff on duty. One staff member said, "I think there's enough staff, about eight on any given day." A second told us, "Definitely enough staff working here and we are absolutely able to meet people's needs. Staffing levels are determined by people's needs." A third said, "There are around eight staff on duty and this allows us to adequately meet people's needs."

The home regularly assessed people's dependency levels to ensure there were sufficient staff on duty. We looked at the most recent assessment conducted in December 2018 and found the number of staffing hours provided exceeded the number of assessed hours needed.

Any accidents or incidents had been recorded and identified the type of incident and any equipment involved, the incident details and the action taken to reduce the potential for a reoccurrence.

There was a business continuity plan in place, last reviewed in August 2018, which provided staff with guidance on what to do in case of an unexpected event such as loss of the building, loss of utilities, loss of ICT, loss of staff and loss of suppliers. The plan included a list of suppliers for the premises, staff contact details and evacuation procedures.

Equipment used by the home was maintained and serviced at regular intervals, including hoists, stand aids, the passenger lift, call bells, gas and electrical appliances. The servicing of equipment helped to ensure each item was safe to use when required.

People had personal emergency evacuation plans (PEEPs) in place which provided staff with guidance on how to safely evacuate each person, if necessary. A fire safety audit form was last completed in November 2017 and a more recent fire risk assessment had been completed by an external company in March 2018. There was a fire safety checklist and action plan in place. Fire drills were carried out regularly and all firefighting equipment had been tested to ensure it was fit to use.

We looked at five staff personnel files and there was evidence of robust recruitment procedures. All potential applicants were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed. The provider undertook checks on new staff before they started work; this included checking their identity, their eligibility to work in the UK, obtaining references from previous employers and character references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

We checked infection control procedures and observed staff practice. Our observations confirmed staff had access to personal protective equipment such as disposable gloves and aprons. We saw all areas of the service were clean, and there were no malodours in any of the communal areas or bedrooms we checked. Staff used best practice infection control procedures when cleaning floors and used colour coded mops to ensure that cross contamination was minimised. An infection control audit had recently been carried out by the local authority Infection Control team in June 2018, an action plan had been drawn up and any required actions had been met.

Is the service effective?

Our findings

At our last inspection in May 2017, we rated this domain as Good and there were no breaches of regulations. At this inspection the service continued to meet regulatory requirements.

We asked people and their relatives if they thought the service was effective in meeting their needs. One person said, "I can honestly say I have I am not sad about anything and I have nothing that I could say that I would want to change." A second person told us, "When I need the doctor they get them straight away." A visiting relative commented, "They've been brilliant with [my relative]. She came here from home and really likes it. They cannot do enough for [my relative] or for other people from what I've seen."

We looked at staff induction and saw new care staff were subject to an induction programme. This involved completion of training and a period of shadowing with more experienced staff, which was followed by an observed practical assessment before confirmation in their role. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company.

Staff told us, and we could see for ourselves by looking at historical records, they had received a suitable amount of training to help them to be effective in their job roles. One staff member told us, "I've just done safeguarding training, and nutrition training and I'm just renewing my first aid." A second staff member told us, "Training has improved a lot recently and you can talk to the manager about anything; I've recently done safeguarding and will soon be doing a first aid practical session. I've also done medication and nutrition training and did end of life care training when I first started here." Other staff we spoke with confirmed the training they had undertaken.

Staff training records we saw identified they had received training in moving and handling, dignity and person-centred care, dementia care, safeguarding, medication, infection control, food hygiene, mental capacity, first aid, nutrition, health and safety, fire safety, equality and diversity and positive behaviour support.

We looked at staff supervision records and saw that each staff member received regular supervision and there as an annual appraisal planner in place. Staff told us they received sufficient supervision. One staff member said, "Supervisions are about every three months plus an appraisal." A second staff member told us, "I get supervisions about every 10 weeks and I now feel sufficiently supported. [Registered manager name] is new to management and things have improved. I don't have to worry about going to the manager to talk about anything."

We asked people about their opinions of the food provided. One person said, "I had porridge and toast for breakfast but you can have what you like." Another person told us, "I sometimes have a poached egg and bacon sandwich. If I want a cooked breakfast I have one. I can't fault the meals and it's hard to give something that everyone will like." A third person told us, "Never in my life have I been less hungry than when living here and I've put weight on. We can ask for a brew whenever we want one." The home had achieved a food hygiene rating of five which is the highest level achievable.

People were asked what they wanted to eat each day and this information was passed onto the kitchen. We observed the breakfast and lunchtime meals which were very sociable and there was a calm and peaceful atmosphere. We heard people chatting with each other and staff during mealtimes and there was a good range of food options available, including hot and cold food, desserts and other snacks and drinks at various times of day, for example tea and biscuits in the afternoon.

People's dietary needs were considered and information about any allergies people had were highlighted in their care records held within the kitchen; people could speak to the chef if they had any concerns.

People had access to and were supported by staff to see healthcare professionals such as doctors, specialist nurses, speech and language therapists, chiropodists, and dentists. People's records showed they were referred to other relevant professionals when necessary and advice provided by these professionals was used to plan their care.

We toured the internal and external areas of the service, which had secure gardens. The service was adapted to support people with additional mobility needs and access throughout the home was good and enabled people who were less mobile to move around the home. There was some signage for toilets and bathrooms and appropriate hand rails and grab rails to assist people who were less mobile.

People had personalised their bedrooms with individual items such as family photographs, bedding and personal objects.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care 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 had the appropriate legal authority and were being met.

There were appropriate records relating to the people who were currently subject to DoLS and the home maintained a DoLS register which was up to date. There were appropriate mental capacity assessments in place, which were linked to screening tools and restrictive practice tools which outlined the issues and concerns. There were applications for DoLS where the indication was that this was required. We saw people's capacity to consent to their care was captured in their care files.

We found people had consented to care and treatment and this was recorded in their care files.

Staff had a good understanding of the MCA and DoLS and how to support people who lacked capacity. Throughout the inspection we heard staff seeking verbal consent from people prior to providing support which ensured people gave their consent to the care being offered before it was provided.

Is the service caring?

Our findings

At our last inspection in May 2017, we rated this domain as Good and there were no breaches of regulations. At this inspection the service continued to meet regulatory requirements.

People who used the service told us staff were caring, treated them well and respected their privacy and dignity. One person told us, "I am very happy here; the staff are very caring people and I don't have any complaints." A second person said, "Everything is great." A third commented, "Honestly we are one big happy family here, no problems at all." A relative commented, "Staff were brilliant with us. We were upset when [my relative] was admitted but staff came up to the room with a tray of coffee, tea and cakes and we had space to talk; we felt instantly better at that act of kindness and knew things would be okay."

People also told us staff respected their wishes. One person said, "The staff respect your wishes; it's our choice and I like my door to be open so staff respect that and always make sure it's open for me." A second person told us, "Staff are absolutely wonderful; everything is done in your own time, we have a chat and I'm not embarrassed when staff are supporting me."

A visiting doctor also told us staff were caring; they said, "I feel the care here is excellent. Care is individually centred and personalised. Anything we ask of them is done and we couldn't ask for more really."

People's physical wellbeing was promoted, for example one person's care plan stated when they were in the lounge area, they needed their legs to be in an elevated position and to be provided with a cushion for comfort, and we observed this to happen during the inspection; they were also provided with a blanket for extra comfort.

Throughout the inspection we observed staff providing support and guidance to people in a way that wasn't rushed. Staff took time to stop and enquire about people's welfare and there was freely flowing conversation with people and lots of laughter and informal chatter.

Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. By talking with people about what was important to them, listening to them and responding in a way fitting the situation, staff promoted people's psychological welfare. We saw staff communicated well with one another and passed on relevant information to each other regarding the care they were providing

We saw people chatting with relatives and with staff or amongst themselves in dining and lounge areas which encouraged communication throughout.

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups such as different ethnicities, received the help and support they needed to lead fulfilling lives, which met their individual needs.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs. Some people had different religious needs and these were adequately catered for by visiting clergy. There was no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Training provided to staff helped them to ensure people's human rights were respected; this included training in dignity respect and person-centred care, equality and inclusion. We found there were appropriate policies in place which covered areas such as equality and diversity, confidentiality, privacy and dignity.

We saw bedrooms afforded privacy and could be locked if the person chose to do so and locks were in place on bathroom and toilet doors, ensuring privacy. Some bedrooms had en-suite facilities. However, we found the locks on three toilet doors were not working effectively; we mentioned this to the registered manager who informed us these would be fixed immediately.

Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. We saw staff spoke with people while they moved around the home and informed people of their intentions when approaching people. Staff also informed people of the reason for our visit so that no-one would become alarmed or concerned.

We observed people using the service were well-presented, clean and well-groomed and everyone was wearing clothing of their choice.

Is the service responsive?

Our findings

At our last inspection in May 2017, we rated this domain as Good and there were no breaches of regulations. At this inspection the service continued to meet regulatory requirements.

People told us staff were responsive to their needs, one person said, "Staff are responsive to my needs and I go to bed anytime I like." A relative told us, "Within 24 hours of [my relative] being here I was shocked at the positive difference. [My relative] was admitted to the home, showered and nails done and they looked better than they had done for a while." A second relative said, "There's good communication here. We'd arranged an appointment for [my relative] which staff were aware of but [my relative] was adamant that it was the day before so staff just rang us to confirm it was right and to reassure [my relative]. Today [my relative] was ready as we'd asked and had lunch a little earlier before we went out."

The service worked alongside people's relatives when responding to people's changing needs. For example, the daughter of one person who used the service, whose spouse had passed away, had stayed at the home for a few nights to help keep them company during this difficult time.

The service worked alongside relevant health and social care professionals in order to meet people's changing needs, for example a doctor visited the home at the beginning of each week to reassess people and provide advice to staff on any changes in care provision needed; this pro-active measure ensured people's health and welfare was considered and monitored regularly.

People's care plans contained a variety of risk assessments and included areas such as nutrition, mobility, physical health, mental health and communication. There was a profile of the person concerned including basic personal information such as nationality and previous occupation and family details. Care files also contained a document called 'This is Me.' 'This is me' was developed by the Alzheimer's Society as a simple and practical tool that people living with a dementia can use to tell staff about their needs, preferences, likes, dislikes and interests.

We saw people's needs were assessed prior to admission by the registered manager or by a 'Trusted Assessor' from the 'Trusted Assessor Care Homes Team' when a new referral came from the hospital; the use of a Trusted Assessor can reduce the waiting times of people awaiting discharge from hospital and help them to move from hospital back home or to another setting speedily, effectively and safely.

We asked people about the activities on offer. One person said, "There's not a lot of activities and not a lot happening in the day; every so often someone comes in and does activities with us. I'm lucky as I'm always going out with my family." A second person told us, "I'm okay as it is. I like to watch TV, read, chat and sleep. We also have parties and staff get you a cake and sing happy birthday to you when it's your birthday." A third person commented, "We do exercises and to be honest if there was any more going on, would we even manage it?" We asked staff about activities and one staff member said, "There could be more; we've had a couple of activity coordinators and I can't remember who the last one was but we do armchair exercises, bingo and painting."

One person's daily living and social activities care plan stated the activities coordinator would organise their activities for the week but there was no activities coordinator in post at the time of the inspection, which was confirmed by the registered manager.

We saw plans were in place to further develop the garden areas with a view to creating a vegetable garden and the provision of raised flower beds so that interested people could undertake gardening activities. We saw a hairdresser visited the home during the inspection and artwork that people had previously completed was displayed in the foyer area. A regular Reiki class was offered free of charge to people by a local medical surgery.

We recommend that the service finds out more about providing activities for people, based on their assessed wishes and choices.

There was a complaints policy and procedure in place which explained the process people could follow if they were unhappy with aspects of their care and set out how complaints were recorded, investigated and responded to. Details of how to make a complaint were posted around the home and were also given to people at the start of residence. The people we spoke with were aware of the complaints process and how they would report concerns.

We looked at any complaints the service had received and saw they had been responded to appropriately. One person told us, "I've never made a complaint because there's nothing to complain about, everyone is lovely." A relative commented, "No complaints at all; communication is effective and you just have that feeling everything is alright."

There was a service user guide and statement of purpose in place. A statement of purpose is a document which includes a standard required set of information about a service. When people were given a copy of the service user guide at the commencement of their residence they were also given information on how to make a complaint.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with staff and relatives, where those needs related to a disability, impairment or sensory loss.

People had communication and cognition care plans in place which provided staff with information on how to best communicate with people and there was some signage in communal areas of the home which was large and easy to read; however not all bedrooms contained clear signage that may assist some people to orientate to their bedroom. Information could be produced for people in different formats on request. People with hearing or sight problems were referred to audiologists and opticians as required.

The service did not provide end of life care directly, which was supported by other relevant professionals but people's care files contained end of life care plans, which documented people's wishes at this stage of life where they had been open to discussing this. A relative we spoke with confirmed this was the case. At the time of the inspection no-one was in the end stages of their life.

Is the service well-led?

Our findings

At our last inspection in May 2017, we rated this domain as Requires Improvement and there was a breach of regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. At this inspection we found a continued breach of this regulation.

There was a registered manager at the home. 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.

We looked at the systems in place to monitor the quality of service being provided to ensure good governance and oversight. Audits and checks included medicines, the environment and equipment, call bells, care files, fire safety, infection control, complaints and safeguarding. We saw the majority of audits had ceased in or around October 2018; we discussed this with the registered manager who told us this was because of sudden staffing changes which had affected their ability to maintain a system of regular audits.

During this inspection we identified breaches of regulations relating to the safe management of medicines and the need for accurate and up to date care planning information and we have reported on these in the Safe section of this report. This demonstrated that the arrangements for assessing quality and safety required further improvements to ensure they were effective and robust in identifying concerns.

These issues meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service had failed to assess, monitor and improve the quality a safety of the services provided in the carrying on of the regulated activity.

We asked people if they knew the registered manager and everyone said they did. One person told us, "[Registered manager name] comes in to see us if we want her; we always see her at some point during the day." A second person said, "The manager is lovely, yes very nice." A relative commented, "I'm aware who the manager is as they've introduced themselves to us and I've no complaints."

We asked staff what they thought of the registered manager and one staff member told us, "The manager has an open-door policy and you can go to her anytime. Since [registered manager name] took over we have received a lot of compliments from other visiting professionals and they can see a difference in the home." A second staff member said, "The manager is very good and has recently took over and is implementing changes for the better. A third commented, "The manager is approachable and I feel valued and there is a good level of morale between everyone at the home. If people ask for something the manager will try her hardest to do it for them."

Staff had access to a range of policies and procedures. These included medication, nutrition, moving and handling, safeguarding, whistleblowing, health and safety and infection control which were available to staff if they needed to seek advice or guidance in a particular area.

The service worked in partnership with other professionals and agencies in order to meet people's care needs as required and involvement with these services was recorded in people's care files. Our discussions throughout the inspection demonstrated that there was an open culture which empowered people to plan and be involved in the care provided at this service.

The home had made positive connections with the local community, for example with a local surgery, local schools and nurseries, visiting lay people from local churches and bible groups, and some people attended church for services and festivals where possible. A local fitness team provided armchair exercises each month and local hairdressers visited the home weekly. People attended local shops with staff assistance and held raffles and other events to raise money for the home. A 'Care Home Open Day' was held on 19 April 2018 and local families attended.

No formal meetings with people who used the service had been recently held and this was confirmed by people we spoke with. One person said, "No we've not had any resident meetings." A second person told us, "No we've never had anything like that since I've been here." The last staff meeting records made available to us during the inspection were for March 2018 and staff we spoke with confirmed this was the case, one staff member told us, "We don't have meetings as such but [registered manager name] goes around and speaks to us and to relatives and tries her hardest. We haven't done any staff surveys." A second staff member said, "I think meetings are about every three months." We discussed this with the registered manager who told us a schedule of meetings would be done for the future for staff and residents.

We checked to see if the provider was informing Care Quality Commission (CQC) of key events in the service which related to people who used the service. We found the registered provider had submitted statutory notifications to the Commission; a notification is information about important events which the service is required to send us by law. However, we noted that one notification in respect of a safeguarding matter had not been submitted in a timely way. We discussed this with the registered manager who informed us they thought the notification had to be submitted when the outcome of any investigation was known but would act to ensure all notifications were submitted in a timely manner in future.

We saw the last report was displayed within the home and on the provider website and was available for all to see.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have appropriate arrangements in place to manage medicines safely.</p> <p>Risks to people's welfare had not always been identified and acted upon.</p> <p>Regulation 12(1)(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service had failed to effectively assess, monitor and improve the quality and safety of the services provided.</p> <p>Accurate records were not being maintained for each person using the service.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>