

Leacroft Lodge Limited

Ashcroft Hollow 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?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The comprehensive inspection visit took place on 13 November 2018 and was unannounced.

Ashcroft Hollow is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ashcroft Hollow accommodates 45 people in one adapted building. There are two floors which both have various communal areas for people to access including, communal lounges and bathrooms. On the ground floor there is a large communal dining area. There is also a large garden area for people to access. At the time of our inspection 36 people were living at the home.

Following our last inspection, we requested the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well led to at least good. The provider has not made the necessary improvements and remain in breach of regulations.

There was a registered manager in place, however they are no longer working within the home. There is a new manager in post who is in the process of registering with us. 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.

There are not enough staff available for people and they continue to wait for support. Risks to people are not fully considered or managed in a safe way. We found people are not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service do not support this practice.

Peoples cultural or commination needs were not always fully considered. The care people received was not always responsive to their needs as records were not always up to date. Improvements were needed to the governance of the home. Audits were not always completed in key areas such as the management of medicines. When other audits were completed they were not always effective in identifying areas for improvements.

People were offered choices and enjoyed their meals however people's dietary requirements were not always fully considered. People had access to health professionals such as GP's.

Staff understood safeguarding and how to protect people from potential harm. There was a process in place to ensure staffs' suitability to work within the home. Medicines were managed in a safe way and infection control procedures were followed. The home was decorated in accordance with people's like and dislikes.

People were supported by staff they liked and the atmosphere within the home had improved. People were encouraged to be independent and make choices about how to spend their day. Their privacy and dignity was maintained. Visitors felt welcomed by the home and were free to visit when they chose.

People had the opportunity to participate in activities they enjoyed. People and relatives knew how to complain and were happy with the responses they receive. Staff felt listened to and supported by the new manager and people spoke positively about the changes and improvements they were making.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were not enough staff available and people continued to wait for support. Risks to people were not always fully considered or managed in a safe way. Staff understood safeguarding procedures and when people were at risk of potential harm. Medicines were managed in a safe way and infection control procedures followed. The provider ensured staffs suitability to work within the home and lessons were learnt when things went wrong.

Requires Improvement ●

Is the service effective?

The service was not always effective.

It continued to be unclear when people lacked capacity as capacity assessments were not always in place or decisions made in people's best interests. Staff did not always receive the necessary induction. Competency of staff was now being considered. People enjoyed the food and were offered a choice however all dietary needs were not always fully considered. People had access to health professionals. The home was decorated in accordance with people's like and dislikes.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Staff did not always have time to spend with people. People were happy with the staff they received support from. People were encouraged to be independent and make choices about their day. People's privacy and dignity was maintained. Relatives and friends were free to visit when they chose and felt welcomed by the home.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People's cultural and communication needs were not always fully considered. The care people received was not always responsive to their needs as records were not always up to date. People had the opportunity to participate in activities they enjoyed. Complaints procedures were in place and followed when needed.

Requires Improvement ●

Is the service well-led?

The service was not always well led
Audits were not always completed. When audits had been completed they had not always identified areas for improvements. The provider remains in breach of regulations. There was a new manager in place and the culture of the home was improving. Staff felt supported and listened to.

Requires Improvement 

Ashcroft Hollow 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 visit took place on the 13 November 2018 and was unannounced. The inspection visit was carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service and information that we had received from the public. A notification is information about events that by law the registered persons should tell us about. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The local authority had recently conducted a quality monitoring visit and we reviewed the information from this, including their action plan. We used this information to formulate our inspection plan. We gave the home manager the opportunity to send us any additional information following our inspection. After the inspection they provided us with an action plan, however we asked them for further reassurances in relation to staffing and risk.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with 10 people who used the service, six relatives or visitors, and five members of care staff, the kitchen assistant, and the activities coordinator. We also spoke with one nurse and the home manager. We did this to gain people's views about the care and to check that standards of care were being met. After our inspection we received some positive feedback from a relative and considered this information.

We looked at the care records for 10 people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and the staff dependency tool. We also looked at staff files so we were

able to review the provider's recruitment process.

Is the service safe?

Our findings

At our last inspection we found there were not enough staff available for people and they had to wait for support. This was a continued breach of Regulation 18 (1) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. We also found risks to people were not always managed in a safe way as people were placed at an increased risk of choking as they did not always receive diet and fluid in line with recommendations. At this inspection we found the provider had not made the necessary improvements. Safe remains rated as requires improvement.

People continued to wait for support. One person told us, "When I'm in bed I use a bedpan but I ring the bell and the staff are too slow in responding, probably because they're with someone else, and I often have an accident." Another person said, "When I press the buzzer there are various responses. I usually press for help to get up in a morning about 8.30am. Today I had to ring again around 9.00am as I wasn't up. Around 10.00am staff said I could eat in my bedroom as it was so late but I like to eat in the dining room with the others." We saw people continued to wait for support. At 09:10 someone told us they were waiting to go to the toilet, this person waited over 30 minutes until staff were available to support them to the bathroom.

At lunchtime people waited for support to transfer from the lounge to the dining room. One person was asked if they would like to go to the dining room for their lunch, to which they said they would. The person waited over 15 minutes until the staff member returned to offer them support. We saw during this time the staff member was supporting other people. Another person waited 45 minutes until they were supported into the dining room for lunch by two staff. They were provided with their lunch a further 10 minutes later, by this time many of the people who were eating independently in the dining room had finished their meals. An hour and five minutes later we alerted staff as this person had not been offered a drink or their pudding. Staff apologised as they had not realised this.

Staff told us for people who needed assistance to eat meals in their rooms lunch started at 12:30. One hour later we saw two people were still waiting for support from staff with their meals. The last person was offered support one hour and 15 minutes after lunch had started. Staff confirmed they were unable to offer support to this person as they were assisting other people. This meant when people ate their meals in their rooms people waited for staff to be available to support them.

The home manager told us they had a dependency tool in place. We saw people's individual needs were not fully considered and this was based on hours of care they required. For example, people who were assessed as having nursing needs were given four hours care per day and people who were residential care, three hours per day. We reviewed this with the home manager and found this was ineffective. The home manager told us this was an area they had identified as needing improving, however as yet had not taken any action.

Since our last inspection the home manager told us about the recruitment that had been undertaken and told us they had now recruited to all the vacancies. On the day of the inspection staff told us the skills mix of the team had contributed to people waiting for support. Although there was the correct amount of staff the provider told us they needed, we saw there were two new starters and two agency staff working on the day

of our inspection. One of the nurses and a member of care staff had called in sick, however both had been replaced.

This is a continued breach of Regulation 18 (1) of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014.

Risks to people continued to not always be managed in a safe way. For example, we saw one person was being supported to eat their meal in bed. We saw they were in a flat position with a pillow under their head. The bed had not been adjusted to an upright position. We checked records for this person and a speech and language assessment had been completed in August 2018. This stated, 'Seat as upright as possible for all oral intake'. This meant this person was placed at an increased risk of choking as they were not supported in line with recommendations made.

For another person we saw they had a recommendation in place to receive a 'fork mashable' diet and blended meats'. At lunchtime we observed they were supported to eat steak pie that had not been blended and chips that had not been fork mashed. Staff we spoke with told us this person required blended meat. This meant this person was placed at an increased risk of choking as they were not supported in line with recommendations made.

A relative told us another person had an allergy to a specific food. They told us they had seen previously that their relation had been given this food on their plate at mealtimes, they told us they had raised this as a concern with staff. The relative told us due to their relations dementia they could not always be sure they fully understood that they were allergic to this food and raised concerns they may eat it if offered it. We checked this person's records and it stated this person disliked this food. There was no reference to them being allergic to it. At lunchtime we observed this person who was eating independently had this food on their plate. They did not eat the food. We spoke with the home manager who told us about the negative impact this food would have on the persons health should they eat it, they told us they would take action to address this concern.

When people had emergency evacuation plans in place these had not always been fully considered to reflect the risks. For example, one person who had recently moved into the home had a personal evacuation plan in place. This stated that in an emergency situation this person would be transferred using a 'Kirton chair'. We spoke with the home manger about this as we could not see this person had a kirton chair available and earlier during our inspection they had told us this person remained in bed. The home manager told us this person did not have their own 'Kirton chair' and that people in the home would share these. This meant the provider had not considered if there were enough chairs available for people in an emergency situation. They also told us the person would be at risk if they used this and therefore it would not be suitable.

This is a breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014.

Staff knew what constituted abuse and what to do if they suspected someone was at potential harm. One staff member said, "Its looking out for anything untoward or any types of abuse, be physical or financial and reporting it to the manager." Another staff member told us, "It's keeping people safe, ensuring their needs are met and a happy environment." They told us they would report to the team leader and then the manager if they were concerned about anything. We saw procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed and the provider had made safeguarding referrals to the local authority as needed. When safeguarding concerns had arisen in the home the provider used this information to ensure that lessons could be learnt.

We saw following a recent safeguarding the provider had logged this on a learning record. They had listed recommendations as to what they should have done and if the event reoccurred again the action they would take. The home manager told us how they would share the information with staff at their next meeting so that everyone was aware of these actions.

The provider had systems in place to ensure staff suitability to work within the home. We looked at records for four care staff and two nurses and saw that references and DBS clearance were obtained before they were able to start working within the home. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions. There was also a system in place in to ensure that nurse's registrations were checked and up to date.

There were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them. People were happy with how they received their medicines and told us they were always on time. One person said, "I get my pills on time every morning." Another person told us, "I have lots of medication, it's always on time." We saw staff administering medicines to people in a safe way and staff spent time with people ensuring they had taken them. There was no one currently receiving as required medicines in the home.

There were infection control procedures in place and these were followed. We saw staff used personal protective equipment such as gloves and aprons when needed and they confirmed this was always available for them. The provider had completed several audits in relation to infection control. We saw when needed action was taken to make improvements. The home was clean and free from infection, we saw there were housekeeping staff available to ensure bedrooms and communal areas were maintained.

Is the service effective?

Our findings

At our last inspection it was unclear when people lacked capacity to make decisions for themselves, and when needed decisions had not always been considered in people's best interests. Staff did not demonstrate an understanding of the act. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. Effective remains rated as requires Improvement.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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.

It continued to be unclear whether people lacked capacity to make decisions or not. For example, in various records throughout one person's care file it stated they lacked capacity to make decisions for themselves. There were no capacity assessments in place with regards to this or evidence decisions had been made or considered in the person's best interests.

For another person we could not be assured capacity was always fully understood. For example, we saw documented 'had poor understanding due to understanding English', it then stated what the person's first language was. It was then documented the person could not understand the information relating to the decision, due to their first language. The provider had not considered that this person may have capacity if the information was presented to them in a format they understood.

We saw that capacity assessments we raised concerns with at our last inspection had not been considered or reviewed. We also found relatives continued to consent to care on behalf of people without the legal power to do so.

This is a continued breach of Regulation 11 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014.

The provider had considered when people were being restricted unlawfully and applications for DoLS had been made. We saw when people had approvals in place that staff were aware of this and demonstrated an understanding of the Act. One staff member told us, "It's an act in place that helps determine if people have the mental capacity to make decisions for themselves or not."

Staff received an induction and training that helped them support people. During our inspection we saw there were two staff who had recently started working within the home. One of these had completed two shadow shifts prior to our inspection. It was unclear on the day of our inspection if they were completing a third shadow shift. The rota and the home manager confirmed this staff member was counted within the required staffing numbers. However, when we spoke with staff they told us they were still shadowing. One staff member said, "I wouldn't send them off to do anything on their own yet, they are still shadowing and they don't know the people and hoist." The home manager confirmed this person had not received all necessary training including moving and handling. We raised concerns with the home manager around this due to our observations. This meant we could not be assured staff always completed the necessary induction.

Other staff told us they continued to receive training. The home manager had introduced a more in-depth on-line training process that all new staff had to undergo before they could start working within the home. We saw certificates for this for staff who were due to start employment shortly. For other staff they had been given timeframes for this to be completed and this had been started by these staff.

We saw that since our last inspection further competency assessments had been introduced. The home manager had started to assess the competency of nurses in relation to the management of medicines and the deputy manager continued to check staffs' competency in relation to infection control.

There was a choice of food available for people and they enjoyed what was offered. One person said, "The food is very good. The lunch menu is on a chalk board on the wall." Another person told us, "The food is good, sometimes I ask staff to cut my food up. There is enough to eat." At lunchtime, we saw people had a variety of meals. If people did not like the options on the menu they were able to have a different meal, for example we saw one person was having a sandwich. We saw some people chose to eat in the communal dining room where as others ate in their rooms. People were offered drinks with their meals and throughout the day people were offered a choice of drinks and snacks. When people had specific dietary needs, this had not been fully considered. At least 10 people living at Ashcroft Hollow had diabetes. We saw and staff confirmed there was no specific diet for these people, we were told and saw that people were offered smaller portions. At lunch time we saw people with diabetic needs were given smaller portions of a high sugar flan and cream. We raised this concern with the home manager who told us they would look into this.

People had access to healthcare professionals and their health was monitored within the home. One person told us, "They get the Doctor when I'm ill. I saw the dentist recently." We saw documented in people's notes and staff confirmed that the GP visited the home when needed. Records we looked at included an assessment of people's health risks.

Prior to moving into the home we saw that people's needs were assessed. The home manager had carried out comprehensive assessment's identifying the levels of care and support people would need at Ashcroft Hollow Care home.

The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms. When people sat in specific areas in the communal rooms they had tables next to them with their own individual items near to them. For example, pictures of their loved ones or their own foods. There was a garden area that people could access and people told us they enjoyed using in the summer.

Is the service caring?

Our findings

At our last inspection we found people were not always supported in a dignified way. This was a breach of Regulation 10 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made, however further improvements were needed. Caring remains rated as Requires Improvement.

People and relatives were happy with the staff that supported them, however they did not feel staff always had time to spend with them. One person said, "Staff don't sit in the lounge with us." We observed staff were very busy and did not always have time to spend with people. We saw there were long periods where staff did not offer support to people in their rooms. In the communal areas we saw the activity coordinator was available for people. As staff were rushed they did not always have time to spend with people or explain what they were doing. This meant staff did not have time to treat people in a kind and caring way.

People made verbal choices about their day. One person said, "I can make my own decisions, I can choose what I take part in where I go, what I eat and what I wear." Another person told us how they liked to spend time between the communal lounge and their bedroom. Staff gave us examples of how they supported people to make choices. One staff member said, "We ask people as part of their routines, what they would like to do, where they would like to sit. If there is an activity on that day if they would like to join it." Care plans we reviewed reflected people's choices as well as likes and dislikes.

We saw that people's privacy and dignity was promoted. Staff spoke to people in a discreet way and when people were having personal care they went to the bathroom or their bedroom and the doors were closed. Staff gave examples how they used this to support people. One member of staff explained how they would always knock on the doors of people's bedrooms before entering and give people privacy when using the bathroom. This demonstrated that people's privacy and dignity was upheld.

People's independence was promoted where possible by staff. One staff member said, "We encourage people to do for themselves what they can, so in the bath some people can wash themselves but not their hair so we would help with that." We saw that people were encouraged to walk around the home independently with their walking aids and minimal assistance was offered by staff. The care plans and risk assessments we looked at demonstrated the levels of support people needed.

Relatives and visitors we spoke with told us the staff were welcoming and they could visit anytime. A relative said "The staff are good, friendly, caring. I'm made welcome, offered hot drinks." A person told us, "Very friendly, I feel involved and welcomed." We saw relatives and friends visited throughout the day and they were welcomed by staff.

Is the service responsive?

Our findings

At our last inspection we found care plans were not always reflective of people's current needs. People who were living with dementia or who had communication needs were not always provided with the support they required. Responsive remains rated as requires improvement.

We saw documented on assessments, recorded what religion people were or what their culture was. However, there was no further information about this. For example, one person had specific religious needs. The home manager told us this person managed this themselves however they talked us through particular routines and items that were important to this person. There was no documentation or guidance in place in relation to this. Staff we spoke with were not aware of this information or how the person could be supported. When people were from other cultures we saw family and friends brought specific foods in for these people. We spoke with the kitchen assistant who confirmed they did not specifically cater for these people's needs. Other people living in the home did not use English as their first language. It was unclear how staff communicated with these people. We looked at one person's communication records it stated, 'Has difficulty verbally communicating. Usually by action and pictures.'. There was no further information recorded or guidance for staff to follow. We saw and staff confirmed there were no pictures available to communicate with this person. We spoke with the home manager who confirmed an interpreter had not been considered for this person. This meant people's cultural needs were not always fully considered. Other people had the opportunity to attend church services and the local church came into the home and was available for people if they wished to attend. We saw this during our inspection.

As at our last inspection people who were living with dementia were not always provided with the support they required. People were asked what they would like to eat before their meal but there were no pictures, prompts or show plates used to support these people to make their choices. We did not see any signage or adaptations that would offer appropriate support for people living with dementia. For example, all bedroom doors were the same but numbered; there were no pictures or personal objects that may help people identify their rooms. There was no signage throughout the home guiding people to communal areas such as the bathrooms.

Care plans were not always reviewed to reflect people's current needs. For example, we looked at records for one person and saw they had a care plan in place from 2016 which stated they had a pressure area and needed to be seated on a pressure cushion. We observed this person was not seated on the cushion during our inspection. When we spoke with staff they told us this person no longer had a pressure area. It was unclear from conversations with staff, the home manager and records whether this person remained at risk and needed to be seated on a pressure cushion.

Another person had been identified as losing weight. It had been identified they needed to be weighed weekly. Records we reviewed showed us they had not been weighed since 8 October 2018. Furthermore, a referral had been made to a health professional for support in September 2018 and there was no evidence this had been followed up. There was no guidance in place for staff to follow and not all staff were aware of this concern.

The care and support people received was not always responsive to their needs. Staff told us and records confirmed that all but three people living in the home received a fortified diet. People had not always agreed to this and there was no evidence they were always aware of this. We saw records where two people had increased in weight significantly during the previous 12 months. We looked at records for one of these people. The records we reviewed stated the person needed to receive a fortified diet and staff confirmed they continued to receive this. This had not been reviewed or changed to consider the persons current weight.

When people were being supported with end of life care there were no care plans or guidance in place to support staff to care for this person during this time. This meant people were at risk of not having their individual care needs met.

This is a breach of Regulation 9 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014.

People continued to participate in activities they enjoyed. One person said, "Always something for me to do if I want to, I have been to the church service this morning. A range from quizzes to exercise to games to chatting." During our inspection we saw people had the opportunity to participate in activities. On the morning we saw a church service was taking place and during the afternoon a game of table tennis followed by drinks and a chat. People told us they had enjoyed this. One person commented, "Great fun." We saw there was information displayed in communal areas about up and coming events in the home. There were also photographs displayed around the home of previous activities people had participated in.

People and relatives knew how to complain. One person said, "I would talk to staff or follow the formal procedure." A relative commented, "If I had to make a complaint I would speak to the manager." We saw there was a procedure in place to investigate and respond to complaints. We saw when complaint had been made these had been responded to in line with the providers procedures. When people had raised concerns or complaints they told us they were happy with the outcome. One person said, "I feel I can speak up and feel the manager listens. I had a concern two to three weeks ago, I spoke to the manager about it and things have improved. She followed up with me after." This demonstrates there were systems in place to manage complaints and people were happy with the outcomes.

Is the service well-led?

Our findings

At our previous two inspections we found there was a lack of systems in place to monitor and improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. We also found concerns at our last inspection as there was a lack of leadership within the home. We have found some improvements however further improvements are needed. Well led has improved from a rating of inadequate to requires improvement.

Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on five consecutive inspections. This shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

We have again found concerns there are not sufficient staffing levels within the home to meet the needs of people in a timely way. This has resulted in a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also found the principles of the MCA were not always followed. This has resulted in a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found audits were completed in some areas including infection control and a health and safety audit. When concerns or areas for improvement had been identified we saw that a list was recorded at the bottom of the audit. Where actions were identified there were no time frames for completed or information documented stating if it had been completed. This meant the necessary action had not always been taken.

We saw other audits had been introduced within the home however they were not always effective in identifying areas for improvement. For example, we saw that audits were completed in relation to care plans and records. We checked the audit for one person we had reviewed as part of our inspection. The audit the home manager had completed had not identified the concerns we had around the management of weight. This meant this audit had been ineffective in identifying areas for improvement. Other audits in key areas such as the management of medicines and the monitoring of calls bells were not being completed. We have found the same concerns at our last inspection which have resulted in previous breach of regulation. The provider has not made the necessary improvement to ensure the home has effective governance systems in place in areas such as staffing and risk management.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post however they were no longer working in the home. Since our last inspection a new home manager has commenced and is in the process of registering with us. We had been notified of significant events that had occurred within the home. We saw the rating from the last inspection was displayed in the entrance to the home in line with our requirements. Staff, people and relatives spoke positively about the new manager and the changes they had made. One person said, "I know the new

manager, she is very good, every morning she says hello to people in the dining room." Another person told us, "Since the new manager arrived, there has been new staff coming into the service." A relative told us, "I've met the new manager, she seems very good. I've seen staff changes since she arrived. The staff are good, friendly, caring. The atmosphere seems better since the new manager started."

Since our last inspection the home was more relaxed and the culture within the home was improving. Staff spoke positively about the new manager and the changes they had made. One staff member said, "She is always on the floor finding out what is happening and how to support. Its early days but it's a positive start." Another staff member said, "She appears to listen to our concerns, if we raise something she will take it away and consider it." We saw and staff confirmed that they had the opportunity to raise concerns at staff meetings. The home manager was also in the process of planning to meet with staff individually to complete supervisions with them. Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices.

People and relatives told us they had the opportunity to offer feedback on the home. A relative said, "There was a family's meeting recently. I saw the poster about it on the notice board. The meeting was very well attended." Another relative commented, "Last week I attended a relatives meeting, lots attended, it was a brilliant meeting, people spoke up and I felt the manager was listening." The home manager told us they were planning to obtain feedback from people living at the home and would use this information to make changes if needed.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	People's cultural and communication needs were not always fully considered. People's care was not always responsive to their needs as records were not always up to date.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	People's capacity had not been fully considered and decisions not always made in people's best interests.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Risks to people were not always managed in a safe way.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Audits were not always completed when needed. Where audits were completed they did not always identify areas for improvements. There is continued breaches of regulations.
Treatment of disease, disorder or injury	
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

There are not enough staff available for people and they have to wait for support.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Audits were not always completed when needed. Where audits were completed they did not always identify areas for improvements. There is continued breaches of regulations.
Treatment of disease, disorder or injury	

The enforcement action we took:

A warning notice was issued