

Weston Park Care Limited

Weston Park Care Home

Inspection report

Moss Lane
Macclesfield
Cheshire
SK11 7XE

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06 June 2019

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Weston Park Care Home is a residential care and nursing home providing personal and nursing care to 59 people aged 65 and over at the time of the inspection. The service can support up to 103 people.

Weston Park Care Home accommodates people across two separate floors. Each floor provides care and support to people with different needs, including residential and nursing care. There are two further units which are currently unoccupied.

People's experience of using this service and what we found

People and their relatives were generally satisfied with the care they received at Weston Park. People told us they were supported by staff who were kind and caring in their approach. Whilst people were treated with dignity and their privacy respected, we found aspects where care could be improved further.

Changes in the leadership team and staffing meant that improvements were not fully embedded to provide consistently safe, effective and high-quality personalised care. The service's rating therefore has not changed overall. We noted however that while there continued to be issues, we also found areas where improvements and progress had been made.

People and staff raised concerns about the consistency of staff and high usage of agency staff. The provider aimed to arrange consistent and familiar staff however this was not always possible. People and staff told us agency staff could impact on the care provided and did not always have full knowledge of people's needs.

We have made a recommendation about the deployment of staff.

Risk assessments were carried out, however, actions to reduce aspects of risk had not always been followed, especially in relation to the management of skin conditions. Some further risk assessments were required and the management team ensured these were put in place straight away. Further work was needed to ensure systems were robust and all safeguarding issues were reported appropriately.

Overall medicines were managed safely, however we found shortfalls in relation to the storage of thickeners and the administration of topical creams and ointments. This was addressed straight away with the staff and records were updated.

People were supported overall to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found at times staff were focused on competing tasks and care was not always provided in a person-centred way.

The provider had implemented a new electronic recording system. There were many advantages to the

system, however this had yet to be fully embedded. Some staff did not know how to use the system or where to find information and needed further support. Care plans had been re-written and were detailed and reviewed on a regular basis.

The regional manager was temporarily managing the service and a new permanent manager had been appointed. They were driven to make the necessary improvements and were taking action. However, progress had been inconsistent since the last inspection. Recent quality audits had been successful in identifying and addressing health and safety issues, but had not identified all the issues highlighted at this inspection.

Staff told us they felt more supported in recent weeks and able to approach the management team with concerns or issues. People and their relatives were asked for feedback about the service and complaints were dealt with as per the provider's policy.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 June 2018) and there were three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider had rectified one of the breaches. However, we found two continued breaches of regulations. The service remains rated Requires Improvement and has been rated Requires Improvement twice and inadequate once at the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. This inspection also followed up on action we told the provider to take at the last inspection. We have found evidence that the provider needed to make further improvements. Please see the safe, caring, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. During the inspection, the manager evidenced steps they had already taken to make improvements and reduce risk for people going forward.

Enforcement

We have identified breaches in relation to the safe care and treatment of people and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our caring findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Weston Park Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, an inspection manager, a specialist nurse advisor 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.

Service and service type

Weston Park 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.

At the time of the inspection the acting manager of the service had applied to register with the Care Quality Commission. A few days following the inspection they confirmed they were registered. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the new manager, regional manager, deputy manager, nursing staff, care staff, including some staff provided by an agency and one of the activity coordinators. 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 reviewed a range of records. This included seven people's care records and several medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had not done all that was reasonably practicable to mitigate all risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 12.

- Pressure ulcer prevention and the management of wound care was not always robust. These areas had been highlighted as risks for people through a previous safeguarding concern. We found actions identified to reduce risks had not always been followed. For example, three people had specialist mattresses in place, but they were all set incorrectly, and one was deflated. Positional changes and the correct applications of cream to prevent skin damage could not be demonstrated in all cases.
- Some risk assessments were in place for people, covering topics such as moving and handling and risk of falls. However, risk assessments had not been completed around the risk of a person falling out of a wheelchair and the risk of a person walking into other's bedrooms, although issues had been noted in daily records. These were completed when we highlighted this to managers. Risk assessments were in the process of being re-written onto a new electronic recoding system and covered measures in place to reduce ongoing risk.
- Staff had access to information about the management of risk through the new electronic system, but staff knowledge was inconsistent. We spoke with an agency member of staff who was unable to find relevant information on the system. They told us no-one was currently at high risk of falling, whilst other staff told us there were people who were at high risk of falling and had management plans in place

These issues were an ongoing breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not done all that was reasonably practicable to mitigate all risks.

- People had call bells to alert staff if they needed support, however we saw that call bells were out of reach in a few cases and a relative said their relative would be unable to use the call bell. Staff regularly checked people, but this needed further clarification in people's care plans.

- Specialist equipment was used where necessary. Several hoist slings were observed on the floor in one of the lounge areas. The clinical lead was auditing the slings and reviewing moving and handling care plans to ensure they were accurate, however, they agreed the slings would be stored appropriately elsewhere.
- The provider had acted in response to a fire safety order action plan and was awaiting an inspection by the fire service.
- Regular safety checks had been carried out on the environment and the equipment used.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event. However, we found these would benefit from further detail in relation to people's specific support needs.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the registered person had failed to establish and operate effective systems and processes to protect people using the service from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 13. However, we noted that further work was needed to ensure that improvements were fully embedded, and systems were robust to ensure all safeguarding issues were reported appropriately

- Since the last inspection training had been carried out and was ongoing in partnership with the local authority regarding safeguarding people from harm or abuse. Staff demonstrated a level of understanding and could describe the actions they would take to report any safeguarding concerns.
- We were aware of ongoing safeguarding investigations. The management team worked with the local authority to investigate concerns where necessary. The manager kept a log of safeguarding referrals and outcomes. Several appropriate safeguarding issues had been identified and reported through local procedures.
- However, we identified two potential concerns which had not been raised with the local authority. On the second day of the inspection the new manager confirmed appropriate referrals had now been made. The management team agreed to take this on board as further learning and ensure improvements in practice were fully embedded.

Staffing and recruitment

- The registered provider used a tool to calculate the staffing levels required according to the needs of the people living in the home. Staffing rotas showed that the number of staff on duty was sufficient for the numbers suggested by the tool. Staffing on one of the units had decreased recently but had increased again in line with people's needs. The lay-out of the building needed to be considered as staff were required to supervise the lounge areas. The new manager told us they planned to review the layout of the environment.
- People were concerned about staff changes, they told us, "There are not enough staff and the majority seem to be agency"; "Oh well they are always short staffed. There are 365 days in a year and you can see as many staff. I have to stay in my room in the evening because of the staffing" and "If they are very busy sometimes I have to wait a while but if they are not they come reasonably quickly." One person told us they felt worried at night time as they did not know who would be on duty.
- There was a high reliance on agency staffing for both care staff and nurse cover. The provider had held meetings with the agency company to address the consistency of staff at the home, who aimed to supply staff who knew the home and people well. However, this was not always possible.
- Staff told us staffing levels were adequate when all staff arrived for duty as planned, however they believed the number of agency staff used sometimes impacted on how effectively the team worked together. One staff member told us, "Yesterday we had two permanent staff and three agency staff, it makes a difference,

agency can have an impact, two agency staff did not know the residents."

We recommend that the registered provider reviews staffing levels and deployment in the home to ensure there are sufficient numbers of suitable staff to support people to stay safe and meet their needs.

- The management team told us the recruitment of staff remained a priority but a number of staff had recently left. They had several people in the recruitment pipeline, awaiting the completion of suitable checks.
- Suitable pre-employment checks were carried out prior to a staff member's employment to ensure they were suitable to work with vulnerable people. For example, a criminal conviction check and previous employer references were obtained.

Using medicines safely

- The provider had recently implemented an electronic system for the management and administration of medicines. Staff were positive about the system and found it easy to use. The system provided effective prompts and alerts.
- Medicines were securely stored and kept at the correct temperature to ensure their effectiveness.
- Medicine administration records (MARS) were complete and accurate and people received their medicines as prescribed. Medicines were given by trained staff. We observed good practice at medicines rounds.
- Thickening powder was not always stored safely. Thickeners are sometimes prescribed for people to alter the consistency of their drinks. Thickener had been left unattended in a dining area, which did not follow relevant guidance. Prescription labels had also been removed from four stored thickener tubs, which was not good practice, as thickener is prescribed for individuals with specific administration instructions.
- Topical and barrier creams were not always administered as prescribed. Not all creams had been stored correctly or recorded when they were opened. We raised this with the new manager who addressed this straight away. By the second day of the inspection action had been taken; staff had been given guidance and records updated to clarify when creams were required.

Preventing and controlling infection

- Most areas of the home were clean and maintained, there was a domestic team who followed cleaning schedules.
- However some areas would benefit from deeper cleaning and freshening. Some equipment such as mattresses were also in need of cleaning.
- Staff had access to personal and protective equipment such as disposable gloves and aprons, which were readily available in the home.
- Staff had training in infection control to ensure that they knew what precautions to take to prevent the spread of infection.

Learning lessons when things go wrong

- Following our last inspections and our subsequent enforcement action, we found some improvements had been made. Whilst further action was still needed, there was evidence to show the management team were acting to improve the service.
- Accidents and incident records were completed and reviewed regularly by the registered manager, who identified any areas where risk could be reduced, as well as any trends or patterns within the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team completed pre-admission assessments prior to people moving into the home.
- Assessments were used to understand people's needs and preferences in relation to their care and care plans were implemented from these.
- Staff used nationally recognised assessment tools to assess people's needs in line with up to date guidance, such as nutritional risk screening assessments.

Staff support: induction, training, skills and experience

- Staff received an initial induction and a mixture of ongoing face to face training and eLearning. There had been a recent increase in staff who had completed the required eLearning. The management team were closely monitoring this, to ensure all staff completed the required training.
- There was a user manual on each of the units and in the office for the use of the electronic system, which staff could access. Whilst staff had received training, they needed further support to ensure they fully understood how to use the new electronic recording system.
- People told us the regular staff team had the skills and knowledge to provide appropriate care and support, however they commented that agency staff did not always understand their needs. We observed an agency carer whose approach to a person living with dementia was quite restrictive. A nurse noticed this and offered some guidance.
- Staff now felt more supported in their role and felt able to discuss work related issues and their learning development needs. Regular supervision meetings had been held with most staff. Plans were in place to make sure all staff had received supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- There had been an improvement in the quality of food on offer. A new head chef had recently been appointed. There remained some mixed views, but overall people told us they were satisfied with the food choices available.
- People commented, "The food is generally good"; "The food varies it is not excellent all the time, we do have a choice, but we are not consulted about the menu" and "The food is very nice my favourite is roast chicken".
- Staff said there was a shortage of cutlery and some crockery, which meant at times people were left waiting for others to finish and for items to be washed. We were advised that cutlery was already on order. The management team were unaware of other shortages but said they would clarify and order whatever

was needed.

- Risks in relation to eating and drinking were assessed, and action taken where necessary. Those people at risk of dehydration had their intake monitored. Care plans stated their daily target and what action to take should the resident not achieve their daily target. People at risk of weight loss were also monitored and specialist diets were provided for.
- We saw that where people needed support and encouragement with meals, staff provided this in a sensitive manner. A hostess role provided extra support with drinks and meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us, and we saw from their records, they had access to healthcare professionals as needed. People had been referred to specialists such as speech and language therapists, opticians or dieticians.
- Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required.
- A local GP visited the home on a regular basis, which enabled people's health needs to be reviewed as required.

Adapting service, design, decoration to meet people's needs

- Aspects of the environment supported people living with dementia and helped people find their way around the building, such as different coloured doors. The new manager was considering the use of better signage and design of the environment to be more dementia friendly.
- Overall people's bedrooms nicely decorated and were personalised with their belongings.
- People had access to a number of lounges and a garden area.

Ensuring consent to care and treatment in line with law and guidance

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. 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.

- We observed staff seeking consent from people to provide support with personal care.
- Where people did not have the capacity to consent, mental capacity assessments relating to different decisions were found in the records. Where relevant records of best interest decisions were in place which showed relevant individuals were involved.
- DoLS applications had been made where necessary and we saw where any conditions had been put in place, these had been met by the provider.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff generally supported people well and respected their diversity. People and relatives told us staff were generally kind and caring.
- They told us, "Staff are kind they will do anything for you, I was poorly on Saturday and one member of staff was back and forth all the time"; "Staff are kind they would do anything you ask" and "Some staff are caring, and some are not."
- We saw several positive examples of kind and patient interactions between staff and people living at the home. Two carers were very gentle and considerate whilst supporting a person move from their chair.
- However, we saw examples where communication was minimal and could be improved. In one case, a carer was supporting a person with their breakfast. There was no interaction during the process and the person flinched as excess food was scraped from their mouth with a spoon.
- The management team told us they were focused on making improvements to ensure people were well supported and had introduced direct observations to observe staff practice and provide feedback.
- The staff team had received several compliments about the care provided, which were on display.
- Care documentation included information about people's religion, ethnic origin, and marital status. This meant staff had an awareness of people's diversity and what was important to them. Religious services took place regularly at the home.

Supporting people to express their views and be involved in making decisions about their care

- We received mixed feedback from people about whether their care needs had been discussed with them. Some people told us they had not, and others could not remember if they had. The new manager planned to introduce a "resident of the day" system, to ensure all aspects of a person's care were reviewed with them and their relatives where appropriate.
- The management team had introduced new surveys to gather people's feedback. These were in a more accessible format, to enable people to share their views more effectively.
- Regular relatives' meetings were held, which enabled people to give feedback about the service.
- Staff supported people and their relatives to complete a "Map of Life" document which enabled people to share important information about their lives, interests and relationships.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and their privacy was respected. One person described how

staff made them feel at ease and not embarrassed when carrying out personal care. Another commented, "They protect my dignity I would say something if they didn't."

- However, this could be improved further. For example, we observed a member of staff supporting a person with aspects of personal care with the curtains and bedroom door open.
- On the first day of the inspection many bedroom doors were open whilst people were in bed or in their rooms. One person's bottom half was undressed, and their catheter bag was visible through the open door. We heard a carer talk about a person's continence pad across the lounge area where people were seated, which did not maintain their dignity.
- The new manager had already identified the need clarify people's preferences around keeping their doors open. By the second day of the inspection people told us they had been asked whether they would prefer their doors to be left open or closed, which better enabled them to maintain their privacy.
- People were supported to maintain relationships which were important to them. Relatives told us they were able to visit without restriction. They said, "You're always welcome and they always offer us a cup of tea or coffee" and "You can come whenever you want the staff are always friendly."
- The provider ensured people's care records and staff members' personal information were stored securely and were only accessible to authorised staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to maintain a complete and accurate record in respect of each service user. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17 in relation to records. However further improvements were required to ensure people received personalised care.

- People's needs were not always met in a person-centred way. Whilst some people told us they were offered choices about the care and support they received, staff described routines in place which focused on staff completing tasks and were not carried out in an individualised way.
- During the inspection one person was asleep in a armchair, their breakfast was untouched on the arm of the chair. A staff member told us the person rarely ate breakfast and didn't really wake until lunchtime. Therefore this indicated the person's individual needs had not been considered.
- The new manager told us they had spent time observing and talking to people since coming into post and had identified the need to create a more person-centred approach and was addressing this.
- Most people felt staff knew their needs and preferences. The permanent staff knew people needs well, including their likes and dislikes. One staff member commented, "You have to know the residents really well as some residents can't tell you what is wrong, but you can tell by little changes in their behaviours that something is not right".
- Care plans had been rewritten and added into the new electronic system. Each person had an overview of their care needs and dependency levels. They were detailed and included information on each aspect of the person's needs such as, eating, personal care, communication and moving and handling. Generally, we found that care plans were reviewed regularly and kept up to day.
- The new electronic recording system meant that staff were able to make records more quickly and efficiently. The system also provided prompts and alerts to support the management team to ensure that care had been provided as required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and their needs were included within their care plans.
- Information was available in a range of formats where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed two coordinators who involved people in group or individual activities. Coordinators had spent time to find out about people's interests and what activities they might like to take part in.
- People's view of the activities on offer were mixed. "If it is a nice day and there are enough staff they take you outside. There are activities like playing cards or guessing words or reminiscing" and "Activities have slowed down a bit". Some comments indicated that people felt bored at times and there were little opportunities to go out.
- The management team were working with the coordinators to develop their roles. A new monthly activity plan had been introduced, which included a music group, gardening group, sensory sessions and movie afternoons.
- Links had also been developed with the local community, there were regular visitors from local schools and churches.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. Any complaints were recorded along with the outcome of the investigation and action taken.
- People knew who they could raise any concerns with and told us who they could speak with.

End of life care and support

- People had end of life care plans in place where required. These detailed the support people required and any additional wishes they would like to be respected at the end of their life.
- Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had continued to fail to establish and operate effective systems and processes to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider remained in breach of regulation 17

- Since the last inspection a manager had registered with the CQC but had subsequently left the home. Since March 2019 the regional manager had acted as a temporary manager and had made an application to register with CQC. Another new permanent manager had recently been appointed with a view to registering in future.
- The provider had identified issues within the management of the service and had taken some action to address this. However, the leadership, governance and culture at the home had not consistently achieved high-quality person-centred care.
- The provider had invested in new electronic recording and medication systems, which had numerous positive features and advantages. However, we identified issues with staff understanding of the new electronic recording system. At times staff were unable to locate information we requested, and photographs had not been stored effectively, which meant we could not be sure that all issues such as bruising or skin conditions had been identified and reviewed.
- During this inspection we found ongoing concerns in relation to the safe management of risk, aspects of medication management, lack of person-centred care and we have made a recommendation in relation to staffing.

This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had continued to fail to establish and operate effective systems and processes to assess, monitor and improve the quality and safety of the service provided.

- The registered manager and new manager told us they had spent a considerable amount of time getting to know and work alongside staff, to support and mentor them. They were driven to make the necessary changes and improvements. They were focused on the recruitment of suitable staff and staff training. Some improvements had been seen in relation to the organisation of the service, compliance with the MCA and record keeping.
- Staff told us the new manager was very good, approachable and committed. They told us communication in the home had recently improved and the daily morning meeting had made a real difference.
- An open culture was now being encouraged. There was an open-door policy at the service whereby the registered manager and other senior staff positively encouraged feedback from people, family members and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were now in place and used more effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement. Action plans were created the registered manager and actions identified for completion. However, some issues identified during this inspection had not been fully identified and addressed.
- The registered manager was clear about their role and responsibilities and had an understanding of regulatory requirements. The home's rating was on display as legally required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- A regular newsletter was circulated to keep people informed about developments within the home.
- The service obtained people and their family members views through regular surveys and meetings.
- Regular staff meetings and supervision meetings had taken place to help support staff to understand their roles.
- The management team and staff worked closely with other partner agencies and community groups. This included working in partnership with external healthcare, professionals, commissioners and safeguarding teams.

Continuous learning and improving care

- The new manager had identified areas where further training was required to encourage ongoing improvement.
- The management team were receptive to feedback given at the inspection and took action as soon as possible to address issues that had been identified.
- The provider and management team were committed to making the necessary improvements.

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
Treatment of disease, disorder or injury	The provider had not done all that was reasonably practicable to mitigate all risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had continued to fail to establish and operate effective systems and processes to assess, monitor and improve the quality and safety of the service provided.