Vauxian Hotels Limited

Osborne Lodge Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Osborne Lodge offers accommodation for up to 24 people who require personal care, including those who are living with dementia. We carried out an unannounced inspection on 25 & 30 August and 1 September 2017.

At our inspection in August 2016 we identified the provider was not meeting four regulations. Risk assessments were not always completed and regularly reviewed and actions were not taken to mitigate risks. Staff recruitment procedures were not established and operated effectively to ensure safe recruitment decisions. Records in respect of service users, persons employed and the management of the regulated activity were not accurately maintained. Notifications were not submitted to the Commission when required. The provider had not maintained appropriate oversight of the service.

At our inspection in August and September 2017 we found improvements had been made and the providers now met the requirements of the regulations. Although there was still some work to do to ensure the effectiveness of record keeping which we found was sometimes conflicting or incomplete.

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

The registered manager managed two homes owned by the provider. They spent two and a half days each week at Osborne Lodge and were supported by a deputy manager. The deputy manager was unable to fully carry out their role as they were often needed to cover care shifts due to staffing issues.

Safe recruitment practices ensured that only suitable staff were employed. There were sufficient staff deployed to meet people's needs during the day, however, during a number of evenings in August the staffing levels dropped below assessed requirements.

People were supported by staff, most of whom had received appropriate supervision and appraisal to enable them to meet people's individual needs. Some training was overdue and plans were in place to ensure training for all staff was brought up to date.

The registered manager had a good understanding of their responsibilities in relation to meeting the Health and Social Care Act 2008 regulations. They had notified us appropriately of events required by law.

People and relatives told us they felt the home was safe. Staff understood how to identify abuse and explained the action they would take if they identified any concerns.

Systems to manage and administer medicines, including controlled drugs, were safe. Staff received training

to administer medicines and were assessed for competency.

Individual and environmental risks relating to people's health and welfare had been reviewed to identify, assess and reduce those risks. Incidents and accidents had been investigated and learning shared with staff.

The registered manager and staff understood and followed the principles of the Mental Capacity Act 2005 designed to protect people's rights and ensure decisions were made in their best interests.

People were supported to maintain their health and well-being and had access to a range of healthcare services when they needed them.

People enjoyed a choice of freshly cooked foods, prepared in a way that met their specific dietary needs. People received support from staff, such as prompting or physical assistance to eat their meals, where required.

Staff interacted with people with kindness and care. Staff treated people with dignity and respect and ensured their privacy and independence was promoted.
Friends and family were able to visit their loved ones at any time and felt welcomed by staff.

Initial assessments were carried out before people moved into Osborne Lodge to ensure their needs could be met. The service was responsive to people's needs. People were involved in their care planning and had detailed care plans which were regularly reviewed.

Opportunities were provided for people to engage in social and physical activities within the home and community if they wished.

Systems were in place to monitor and assess the quality and safety within the home. People and relatives were encouraged to provide feedback on the service.
Residents meetings took place and enabled people and family members to be kept up to date with improvements the providers were making. People and relatives knew how to raise concerns and would do so if they needed to.

Staff felt supported by the registered manager who provided clear leadership and direction. Staff were confident to raise any issues or concerns with them and felt listened to and involved.

The registered manager had good links with other agencies and community organisations to help keep up to date with best practice and local initiatives.

Management meetings took place and the providers maintained oversight of all aspects of the running and management of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always sufficient staff deployed to meet people's needs at all times. The registered manager was taking steps to address this.

Recruitment practices ensured that only staff who were suitable to work in social care were employed. Staff followed safeguarding procedures to identify and protect people from abuse or improper treatment.

Environmental and individual risks had been assessed and measures put in place to minimise risks. Fire safety checks were carried out and equipment was regularly serviced and maintained. The home was clean and tidy and staff were aware of infection prevention and control procedures.

Is the service effective?

Good

The service was effective.

Some areas of training were overdue although the registered manager had put plans in place to address this. Staff received regular supervision and told us they felt well supported in their roles.

People's rights were protected because the registered manager and staff had a good understanding of the MCA 2005 and best interest decisions were made appropriately.

People were supported to have enough to eat and drink in a way that met their specific dietary needs and preferences. People had access to appropriate health professionals and other specialists when needed.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate and reassured people when they were upset or unwell. Staff treated people with dignity

and respected their privacy.

There was a good rapport between people and staff. Staff knew people well and encouraged their independence.

People were encouraged to maintain important relationships. Family members and friends were made welcome and could visit at any time.

Is the service responsive?

Good

The service was responsive.

People's care plans focused on their individual needs, rights, choices and preferences. People and their families were involved in planning their care.

A range of activities were available for people to participate in if they wished to do so, although this was to be reviewed by the registered manager to ensure people were not at risk of isolation.

An up to date complaints procedure was on display and people were confident if they had any concerns these would be listened to and addressed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Record keeping and monitoring of the quality of the service had improved significantly since our previous inspection, although there was still work to do. The management structure was not yet fully embedded due to staffing issues.

Staff felt well supported by the registered manager who was approachable and provided clear leadership and direction. The providers maintained oversight of the home and kept people and relatives informed of any changes. Notifications were submitted appropriately.

People, their families, healthcare professionals and staff had opportunities to feedback their views about the home and quality of the service being provided.

Osborne Lodge Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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. We also needed to check the provider had the made improvements we told them to make following our inspection in August 2016.

The inspection was unannounced and was carried out by one inspector on 25 & 30 August and 1 September 2017.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and all of the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with three people living at the service and one relative. We also spoke with a visiting GP and a district nurse. We spoke with four care staff, the deputy manager and the registered manager. We also spoke to the nominated individual and both providers. We observed people being cared for and supported at various times in communal areas during our visit. Following the inspection we also received feedback about the service from three community healthcare professionals.

We looked at a range of documents including four people's care records, ten medicine administration records (MARs), and five staff recruitment, supervision and training records. We also looked at other records related to the running of the home, such as complaints, incidents, accidents and quality assurance records.

The home was last inspected in August 2016 where we found four breaches of Regulations.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Osborne Lodge. One person told us "I feel very safe. I have a buzzer in my room. They [staff] respond quickly." A relative, who visited frequently, told us they thought their loved one was safe and also commented that staff were attentive when they used their call bell. They also told us that from their observations they thought the staff managed their medication well and responded quickly if anyone had an accident.

At our previous inspection we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, safe care and treatment, because the provider had failed to assess the environment for hazards and manage any risks.

At this inspection we found improvements had been made. Environmental risk assessments had been completed. For example, the risk of people falling on the stairs. These were reviewed each month to ensure they remained relevant.

At our previous inspection we found that the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, Fit and proper persons employed. The provider did not have safe recruitment processes in place.

At this inspection we found improvements had been made. Recruitment processes had been reviewed which ensured only staff who were suitable to work with people in a social care setting were employed at the home. A checklist was now in place to ensure all required documentation had been obtained and relevant checks had been completed before staff started work. This included proof of identity, an application form and a full employment history. Satisfactory references were sought before staff commenced work at the home. Disclosure and Barring Service (DBS) checks were in place for staff. DBS checks help employers to make safer recruitment decisions.

The registered manager was responsible for managing Osborne Lodge and another home that was owned by the registered provider so they split their time between the two homes each week. They attended Osborne Lodge on alternate days so they were never absent for more than one day. The registered manager was supported by a deputy manager at Osborne Lodge, however, due to staffing issues, the deputy manager was needed to help cover the care shifts. This impacted on the effectiveness of them carrying out their role and we have written more about this in the well led section of the report.

There were usually sufficient staff deployed during day time shifts to meet people's needs and keep them safe. We observed staff had time to sit and chat with people and responded to their requests for support in a timely way. For example, when they rang their call bells or needed the toilet. Staff told us there were usually enough staff on duty but they helped cover shifts if needed. However, we found there were not sufficient staff deployed consistently in the evenings to ensure people received their care safely and in a timely way. The registered manager and senior staff told us staffing levels on the late shift, up until 8pm, should be a senior carer and three care staff. In addition, a senior staff member explained to us the evening routine; "At

6pm they start getting ready for bed. 1 (staff) is in the dining room, 1 does the trays, and 2 start care." We reviewed staffing rotas and found that on ten evenings between 6pm and 8pm during the two week period beginning 21 August 2017, there were only two staff on duty. This included the deputy manager on six evenings. This was contrary to the staffing levels which the registered manager and staff had told us were required. A healthcare professional also told us "They're stretched with staff, from talking to the girls [staff], but I think they're doing the best they can."

The registered manager explained that there were some staffing difficulties during the holiday period but as most people were quite independent, they were able to manage with two staff for a short time in the evenings. They had employed agency staff on some evenings which increased the staffing to three, although this was not done consistently. They also explained that one night a staff member came in half an hour earlier, at 7.30pm, to help bridge the gap, although we noted they were not on duty for most of this two week period. The registered manager told us they were actively advertising for new staff and this was on-going. They said "I am recruiting hard. There are lots of care homes in this area. I would like a bigger staff pool." They said they would keep the situation under review.

Risks associated with people's individual support needs, such as falls, skin integrity and weight loss, had been identified and measures put in place to mitigate the risks. The registered manager had sought specialist support to assist them in assessing people's needs and risks when required. For example, they had contacted the Infection Control Lead at the Clinical Commissioning Group for advice on barrier nursing for one person who had acquired a serious infection. Barrier nursing is when staff put specific infection control measures in place to prevent an infection from spreading within a close environment. These measures had been put in place to guide staff in how to minimise any risks and staff were aware of the actions they needed to take. Risk assessments were regularly reviewed and updated when required.

People were protected from harm and improper treatment. Staff understood how to identify abuse and were aware of their responsibilities for reporting any concerns, including whistleblowing. This is when staff can raise a concern about poor practice, either within the home or externally to other agencies. We noted that safeguarding training required updating and the registered manager showed us that this had been booked for 4 September 2017. Systems were in place to administer medicines safely. People received their medicines by staff that were appropriately trained and regularly re-assessed for their competency. Staff recorded on people's Medicine Administration Charts (MARs) when they had received their medicines.

Safe systems were in place for the ordering; storage and disposal of medicines, including CDs. CDs are specific medicines which are managed under the Misuse of Drugs Act 1971. Medicines were ordered in a timely way and stocks were well controlled to ensure no excess medicines built up. Medicines, including CDs, were appropriately stored. A spot check of CDs showed these were current, in date and the amount of stock corresponded with the CD register which two staff had signed when medicines had been given. Daily temperature checks ensured medicines were stored in line with manufacturer's instructions and remained effective and safe to use. Spoilt or unwanted medicines were recorded and stored safely until they could be returned to the pharmacy.

Regular servicing and maintenance of equipment took place, such as the hoists and passenger lift. A new fire system had been installed throughout the home. Regular fire safety checks took place. For example; alarm tests, firefighting equipment and emergency lighting. Some staff had completed recent fire safety training which included fire evacuation drills. Additional training was arranged for 13 September for the remaining staff to complete their fire training. Each person had a personal evacuation plan, detailing the specific support they required to evacuate the building in the event of an emergency.

The home was clean and tidy and we saw that staff used personal protective equipment (PPE) when required. A healthcare professional confirmed "They have good infection control. They use PPE appropriately. It's clean and tidy." A relative told us "It's clean and doesn't smell." Changes had been made to the laundry area. A separate ironing area had been created which meant clean and dirty laundry could be kept apart.

Good

Is the service effective?

Our findings

People and relatives told us that staff sought advice from health professionals to help them maintain their health and wellbeing. One person told us "I'm very well…a reflection of what I'm getting here." A relative told us their loved one had been to hospital when they were unwell and staff followed instructions in how to care for their health condition. People and relatives confirmed staff asked for consent before providing any care and support.

Most staff had received regular training opportunities to keep their knowledge up to date, such as health and safety, moving and handling and infection control. Specific training had been provided which helped to equip staff with the knowledge and skills to support people with their health conditions, such as pressure area care and dementia awareness and behaviour that challenges. However, we noted that not all staff were up to date with all of their training. We discussed this with the registered manager who showed us they had plans in place to address the outstanding training. A healthcare professional confirmed the registered manager was pro-active in identifying training needs and seeking advice and training. New staff completed an induction that included working alongside experienced staff as well as completing the Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards which staff working in health and social must adhere to. In addition to training, staff also received supervision and appraisals which gave them protected time to reflect on their care practices and development needs. Staff told us they felt supported to carry out their roles effectively.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the registered manager was guided by the principles of the MCA. Mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant people and health professionals. A healthcare professional, who had been involved with the home, confirmed the registered manager had requested training to update their staff's knowledge and this had been facilitated.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities in relation to DoLS and had applied for appropriate authorisations where required.

Staff were proactive in requesting visits or reviews from health professionals, such as GP's or district nurses, when they had concerns about people's health and wellbeing. Details of contact with medical professionals were recorded and we noted, for example, that one person had been referred to their GP due to a possible infection and had a hospital appointment for blood tests. Actions and recommendations had been carried through and recorded and this was confirmed by a health professional who told us "They contact us appropriately and follow through any recommendations. They are diligent and I have no concerns in that

regard." People also had access to a range of preventative health care, such as opticians, dentists and chiropodists.

People were supported to eat and drink sufficiently for their needs and which met their personal preferences. People were asked in the morning for their meal choice and alternatives were always available. One person asked for scramble eggs and mousse as they had difficulty swallowing and liked to eat soft foods. The staff member responded "Of course. Scrambled egg is really nice." We observed the lunch meal and saw that it was a relaxed and sociable experience for people who chatted and shared stories with each other whilst enjoying a glass of wine with their meal if they wished. The dining room was spacious and the tables were nicely laid out with tablecloths, napkins and flowers. Food was served to each person individually and was prepared in a way which met their specific needs. People commented on how nice the food was. For example "It's really very good" and "It's nice and hot isn't it." Staff provided physical assistance, prompting and adapted equipment to people who needed it. One person required a plate guard to stop their food falling off the plate and we saw this was in use at mealtimes.

A health professional had recently supported the staff to implement the 'Hydrate project' which provided training to staff in how to ensure people remained hydrated. They said "The chefs attended the nutrition and Hydrate training, as well as the pressure ulcer update so they had an understanding of how the right food can keep residents healthy." We saw that people were constantly offered drinks throughout the day and encouraged to drink. A member of staff sat with one person in their room as they felt unwell and reminded them "You must keep your fluids up when you're poorly." Where people required assistance to drink, this was given. People's care plans reflected their food preferences, likes and dislikes and staff were aware of people's specific dietary needs. However, we noted that in one person's care plan there was conflicting information about their diabetes and it was not clear if this was controlled by a low sugar diet. There was also conflicting information about how their food should be prepared. We have written more about this in the well led section of the report.

Good

Is the service caring?

Our findings

People and relatives told us the staff at Osborne Lodge looked after them well. One person told us "They're very kind and caring. I could never do their job. They never have a cross word with anyone." Another person said "They're marvellous. So caring. I feel very safe and well cared for."

The atmosphere in the home was calm, homely and relaxed. People seemed happy and we observed laughter and banter between them and the staff who supported them. We observed one staff member chatting to a person about hot chocolate. The person responded "I love hot chocolate, it's a real treat," and both giggled with each other. Staff had a very good knowledge of the people they supported, their life histories and interests, and used people's preferred names where appropriate. Staff had time to sit with people, engaged them in conversation about things that were important to them and listened attentively to what they had to say.

Staff were caring, compassionate and thoughtful and provided re-assurance to people if they were upset or unwell. For example, one staff member sat with a person in their room as they were not feeling well. The staff member gently held the person's hand and said "Just sit and relax [name]. You're not cold are you? Do you want something to put over your legs?" A healthcare professional told us "They [staff] are very nice and very helpful. [People] comment to me how very lovely and caring they [staff] are. They [people] seem very happy here. It's a nice home with a nice atmosphere." Another healthcare professional confirmed that in their experience "They [staff] are very respectful."

Staff maintained people's privacy and dignity when providing care. For example, they knocked on people's doors and waited for a response before entering their rooms and ensured people's modesty when using a hoist to move them from their chair to their wheelchair. One person told us "They always knock on my door, even if it's just to bring me a drink." We noted relatives had also made positive comments which included "[My relative was] Treated with the utmost care and respect." People each had a 'My rights' care plan that provided guidance for staff about how they should ensure people's privacy, dignity, autonomy and choice. People's rooms were personalised with their own photographs, pictures and other personal belongings that were familiar to them.

People were encouraged by staff to maintain important relationships with their relatives and friends. There were no restrictions on visiting and we observed visitors coming and going freely. People had the freedom to entertain their visitors in their rooms if they wished. Some people went out to lunch with their visitors which they told us they enjoyed. Staff knew people's relatives well and greeted them warmly when they came to visit. There was banter, easy conversation and a good rapport between staff and relatives. A staff member told us about a relative who was worried about calling too much. The staff member said "I told them, ring whenever you want. It's your mum, the most important person in the world."

We observed staff encouraged people to maintain their independence as much as possible. For example, one person required some support with eating. Staff sat with the person and encouraged them to do as much for themselves as possible but were there to provide physical assistance when needed. People's care

plans documented when they were independent and when they required support. One person told us "I get myself up and washed in my room. I come down about 6.30 or 7am and sit and wait for it to come to life. I can get up and go to bed when I want."

People were supported by staff to maintain their personal appearance and self-esteem. We observed people were clean and well dressed. When people chose to wear jewellery and have their nails and make up done, this was encouraged by staff. A new hairdressing salon had been built as part of the refurbishment of the home. People were very happy with the new facility. One person told us "I get my hair done here. She's very good. I'm very pleased with her [the hairdresser]."

Good

Is the service responsive?

Our findings

People told us they were involved in decisions about their day to day care. A relative said "They keep me updated. I read the letters that come through but I'm here a lot anyway."

Initial assessments had been completed before people came to live at the home to ensure their support needs could be met. These were detailed and included information about people's care and support needs such as their mobility and personal care. They also included things that were important to people, such as their life histories, hobbies, likes and dislikes, preferences and choices. These assessments had been developed into individualised care plans which provided guidance for staff in how people wanted to be supported. People also had detailed care plans for their specific health conditions. For example, one person was prone to infections. Their care plan detailed the definition of their condition, their symptoms, the care and treatment needed and the importance of personal hygiene and hydration in reducing the risks of infection. We observed that staff had a good understanding of people's needs and preferences and respected their wishes. People and their relatives were involved in planning their care and had signed to agree their plans of care where appropriate.

People had access to a range of activities both within the home and in the community. On the first day of our inspection a motivational entertainer visited the home. They brought their two dogs with them which people liked and made a fuss of. People seemed to enjoy the gentle exercise and interaction and we observed there was a lot of laughter and banter in the room. Staff had time to sit with people and chat or do quizzes. One member of staff sat with a person and painted their nails for them. The home had its own minibus and arranged trips out which people could join in with if they wished to. For example, for a drive in the forest or out to lunch. A new summer house had been put up in the garden which people said they enjoyed using. People's cultural and religious needs were provided for. A monthly communion was held at the home and people attended if they wished to do so.

Whilst most people were happy with the activities, it was not always clear if people were all protected from the risk of social isolation. Where people liked to spend time in their rooms, there were no records of opportunities offered for social interaction or engagement. For example, one person's daily activity record consistently stated only 'TV', 'room', or 'reading'. Another person's record consistently stated only 'lounge', 'room' and 'bed'. We spoke with the registered manager as we were concerned people might be at risk of social isolation or a lack of meaningful activity. They acknowledged that people's activity records did not provide sufficient detail in order to monitor people's activities and said they would review this.

The home had a complaints procedure which was given to people when they first moved into the home and was also displayed in the reception area of the home. People told us they had no complaints but felt confident they would be listened to and any concerns would be addressed.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in August 2016, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance. The provider had failed to ensure they maintained sufficient oversight of the management of the home and had failed to retain accurate and up to date records in relation to the running of the home and people's care. They had also failed to keep people and relatives informed of major developments within the home.

At this inspection, we found significant improvements had been made and the Regulation had been met, although record keeping still required some improvement.

People's care plans had been re-written and care files had been re-organised since our previous inspection to ensure they were relevant and contained up to date information. Most care plans we looked at were detailed and gave sufficient information for staff to follow. Whilst staff told us they found the new format provided the information they needed in a clearer way, we did note that there was still some work to do to ensure they were all clear and accurate. Several records we looked at were not dated which meant it was not possible to know when they written or if they were due to be reviewed. For example, care plans, PEEPs, policies and procedures and some risk assessments. The provider later sent us evidence to show they had systems in place to review these records, however, it is good practice to ensure all records are dated when they are written.
We sampled a number of care plans and found one person's records were confusing. For example, they had diabetes, although it wasn't clear from their care plan whether the management of their condition was through diet. When asked, the deputy manager told us it was not. The provider later told us that it was monitored through diet with the support of the GP, which gave a contradictory account of how the person was supported. However, the person had the capacity to choose the food they ate and to understand how their diet might affect their condition. This person also had a nutrition care plan which stated they required a 'soft or normal' diet, which was confusing. The provider later told us there was no medical reason why they needed a soft diet and this was down to personal preference, which staff were aware of. We discussed this with the registered manager during the inspection who addressed these issues and amended the records at the time. The registered manager told us they thought record keeping would improve once the vacancies had been filled and the deputy manager had supernumerary time to carry out monitoring. We will check to ensure systems are embedded when we return to inspect.

Staff felt supported in their roles by the registered manager who was approachable and supportive and provided clear leadership and direction. One staff member told us "[The registered manager] is approachable. She has an open door. I can have a word with her about anything." Another staff member said "I can rely on [The registered manager] I can talk to her about work. She's always calm, so it leaves you calm. We have a brilliant team, a really good team." The registered manager was only half time at the service, working two and a half days a week at the home placing a heavy reliance on the deputy manager to oversee the day to day running and operational management of the home for the rest of the time. However, we were concerned at the number of care shifts the deputy manager was covering. The provider later sent us a copy of the deputy manager job description which included significant managerial and supervisory duties

as well as to provide cover for care shifts 'if all other avenues have been exhausted'. The provider sent us rotas to show the deputy manager had become supernumerary from 16 October 2017 although we noted staffing levels were still below those which had been described to us at the inspection and therefore could not ensure the deputy manager was not still needed to cover care on a regular basis, rather than in emergencies as their job description required. We will check the management structure has been fully embedded when we next inspect.

Staff commented on the strong team working and clarity of their roles and felt communication was much better. Regular staff meetings took place which enabled staff to discuss ideas and issues in more detail and agree any actions to take. Minutes of recent meetings showed staff discussed for example, people's right to choice, accident and incident reporting, emergency on-call and training. Staff told us they felt listened to and involved in developing the service and daily handovers helped to ensure staff kept up to date with important information or changes to people's care. Staff all had a good understanding of the vision and values of the home and were committed to providing a homely, safe and person centred place for people to live.

Systems were in place to monitor and assess the quality of the service. Annual surveys took place to obtain feedback on the quality of care received and help drive improvement. The results of the 2017 survey were positive. People and relatives commented they felt safe and well cared for by lovely and welcoming staff. Healthcare professionals were impressed with the level of knowledge staff had about people's individual needs. Residents and relatives meetings took place and we noted the provider had attended to update them on the refurbishment and the changes to management in the home.

The registered manager had developed good links with other agencies and community organisations to help keep up to date with best practice and local initiatives. For example, they had arranged for the ambulance service to work with staff to try to reduce the number of hospital admissions. A healthcare professional told us "[The registered manager] is a competent leader and is aware of what needs to be achieved in her home and has contacted me if she requires support or advice."

A range of audits were in place to monitor the safety of the service. For example, to check medicines management and care records, call bells, hoists and wheelchairs. The nominated individual carried out a thorough audit each month which included health and safety, maintenance, care planning, medicines and record keeping and reported their findings to the registered manager which were acted on.

Arrangements were in place which enabled both providers to maintain oversight of their area of responsibility and this had improved significantly since our previous inspection. One provider focussed on the care and the second provider on the maintenance, building work and infrastructure. The registered manager met frequently with one provider to discuss the care and day to day running of the home. Management meetings took place between the registered manager, nominated individual and the second provider. We saw notes from these meetings which showed they discussed, for example, staffing; maintenance; fire systems and progress with building works. The provider assured us they had a plan in place to draw all actions and progress together. We will check this when we return to inspect.

At our previous inspection in August 2016, we found the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Notification of changes. At this inspection we found the provider had met the requirements of this Regulation. They had submitted notifications to the Commission when required.