

Burlington Care Limited

# Cherry Trees Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

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

Cherry Trees is registered to provide accommodation for up to 89 older people. Accommodation is provided over three floors, accessed by a passenger lift. Communal lounges and dining areas are provided. On the day of the inspection there were 76 people living in the home.

Our last inspection at Cherry Trees took place in 16 October 2016. At that inspection, we found five breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in Regulation 9; Person centred care, Regulation 17; Good governance, Regulation 18; Staffing, Regulation 11; Need for consent and Regulation 14; Meeting nutritional and Hydration needs. Following the last inspection the registered provider sent us an action plan detailing how they were going to make improvements.

At this inspection, we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of these Regulations.

This inspection took place on 3 April 2018 and was unannounced. This meant the people who lived at the home and the staff did not know we would be visiting.

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

Staff were knowledgeable about people living at the home and understood how to meet their diverse needs.

We observed warmth and affection between staff and people who used the service. We saw people were treated with dignity and respect.

People told us they felt safe at Cherry Trees and staff told us they would report any concerns to the registered manager. Systems and processes were in place to ensure that people were protected from abuse and improper treatment.

We found the home was clean and odour free. Bedrooms had been personalised and communal areas were comfortably furnished. The home was well maintained and equipment had been serviced to make sure it was safe to use. However some areas of the service were not adapted to meet the needs of people living with dementia.

We have made a recommendation that the service considers current best practice guidance on dementia friendly environments.

Staff recruitment procedures were robust and ensured people's safety was promoted.

Sufficient numbers of staff were provided to meet people's needs.

Staff were provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

Wherever possible, people were involved in decisions about their care and were offered choices. People told us they, and their relatives, had been involved in their plan of care and had participated in regular reviews.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

People were supported to take part in a variety of activities.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies in the service support this practice. However, we found improvements could be made to in the recording of peoples consent in care records

We have made a recommendation about staff training on Mental Capacity Act 2005 and the Deprivation on Liberty safeguards because the registered provider needed to ensure that any best interest decisions were clearly documented, involved all the relevant people and clearly detailed the outcome of discussions.

Visitors said they were made to feel welcome at any time and were very positive about the care their relatives received.

There was a positive and open culture within the service. Staff said they felt able to raise concerns, and were confident they would be responded to. People and staff were happy with the service and praised the manager.

There was a complaints procedure in place and we saw where concerns had been raised these had been dealt with appropriately.

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified, action was taken to address these shortfalls.

People using the service were asked for their views and were able to influence the way the service was managed.

Accidents and incidents were investigated, recorded and monitored and action was taken to help control risk and prevent further accidents and incidents from happening.

The registered provider has made progress since our last inspection to improve the service for people living at Cherry Trees Care Home. These changes are very recent and need to be sustained.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Peoples risk assessments were up to date and addressed all the areas where people were vulnerable to risk.

There were effective staff recruitment and selection procedures in place.

Staffing levels were adequate to meet the needs of people who used the service.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

### Is the service effective?

Good ●

The service was effective.

People told us they liked the food served at Cherry Trees. People were offered a choice of nutritious meals and their health in relation to nutrition and hydration was well monitored.

The service acted in accordance with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines. However, improvements were required in the recording of consent.

Staff had received sufficient training to have the knowledge and skills they needed to carry out their roles and responsibilities.

### Is the service caring?

Good ●

The service was caring.

We observed interactions from care staff that were kind, sensitive and respectful towards people. We saw people laughing and smiling with staff members.

People who used the service told us they were supported to maintain contact with their relatives and/or friends. There were

no restrictions on visiting.

### **Is the service responsive?**

The service was responsive.

Where people's needs changed, the registered provider took action to ensure that their changing needs were assessed and care was adapted accordingly.

The service had an effective system in place to handle and respond to any complaints.

Prior to moving into Cherry Trees, pre-admission assessment was undertaken to assess if Cherry Trees could meet the needs of people being referred to the service.

**Good** ●

### **Is the service well-led?**

The service was well led.

The new manager was organised and had a clear oversight of the home. They had developed action plans to help them systematically address and evidence the improvements they were making.

There was a strong person-centred culture within the home. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team.

Surveys were sent out to service users, relatives and staff members to obtain feedback on the service.

**Good** ●

# Cherry Trees 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 registered 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 was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. This inspection visit took place on 4 April 2018. Three adult social care inspectors carried out the inspection.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We used information the registered provider sent us in the Provider Information Return. This is information we require registered 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. We also reviewed information we had received since the last inspection including notifications of incidents that the registered provider had sent us.

Before our inspection, we contacted staff at Barnsley Local Authority and Barnsley Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments received and feedback received were reviewed and used to inform inspection.

During our inspection, we spoke with thirteen people who lived at Cherry Trees, to obtain their views about the service. We spent time in communal areas speaking with people and observing how staff interacted with each other and the people they were supporting. We spoke with the regional manager, the registered manager, one nurse, the cook, two domestics, two activities co-ordinators, the administrator, one senior carer and two care workers to obtain their views.

We reviewed a range of records, which included five people's care records, five staff support and employment records and records relating to the management of medicines, complaints, training and monitoring quality.



# Is the service safe?

## Our findings

People told us they felt safe living at Cherry Trees. One person told us, "I'm alright here. The staff are kind. I sit and watch the world go by and I enjoy that. I have no worries and feel safe here."

At our last inspection on 16 October 2016, we found evidence of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Person Centred Care. This was because care records had not always identified peoples changing needs to make sure the care provided was adapted accordingly.

The registered provider sent us an action plan identifying actions to be taken and timescales for completion in order for them to meet regulation. At this inspection, we found sufficient improvements had been made to meet all the requirements of the regulation.

We found that people's needs had been assessed and that care plans reflected peoples current needs and where reviewed when people's needs changed. For example, we saw one person had been assessed by the speech and language therapist of being at risk of choking. This had been clearly documented in the persons care records.

This meant that staff had access to accurate and up to date information in guide them in supporting people to keep healthy and safe.

At our last inspection, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment.

At this inspection, we found improvements had been made to meet the requirements of the regulation . We found care records included completed risk assessments giving details of any potential risk to the person and how this risk could be minimised or eliminated. These included risks such as falls or trips. The assessment assessed the likelihood of harm occurring, how the person would be affected and considered any additional control measures to be implemented to reduce the risk rating.

We saw that risk assessments were detailed and were reviewed every month to ensure they still met people's needs. This meant staff had access to guidance about how to care for people safely.

At our last inspection we found peoples care records did not contain personal emergency evacuation plans. These plans provide staff and other professionals with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency.

At this inspection, we found that all the care records we looked at included a personal emergency evacuation plan in place for people who may not be able to evacuate the service quickly in an emergency. The plans were specific to each person and completed fully. This meant staff had the necessary information

in the event of an emergency.

At our last inspection, we found accidents and incidents were not always recorded and analysed to identify patterns and trends. We saw clear records had been maintained of accidents and incidents, but there was no detailed audit and some accidents had not been recorded and analysed effectively.

At this inspection, we found staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. We saw when an accident had happened, the cause and effect of each accident or incident was investigated. Similar incidents were linked together to identify any trends and common causes and action plans were put in place to reduce the risk of them happening again.

The registered provider was in the process of introducing an electronic system, which would enable them to analyse accidents and incidents in order to identify patterns and trends. This meant the registered provider was developing a system where they could investigate and evaluate risk in order to keep people safe.

At our last inspection, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Staffing. This was because the registered provider had not followed robust recruitment procedures.

At this inspection, we found improvements had been made to meet the requirements of the regulation. The registered provider had reviewed their recruitment procedures to ensure that people were kept safe.

Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided an employment history and two references.

People we spoke with told us they felt safe living at the home and visitors told us they thought their relatives or friends were safe. People told us if they had a concern they would talk to a member of care staff and felt sure they would take the issue seriously and refer it to the appropriate person.

We found that staff received training in the safeguarding of vulnerable adults. There was information available throughout the service to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse.

The registered manager had referred safeguarding incidents to the local authority safeguarding team and to the Care Quality Commission. We saw the manager kept a log of these incidents, investigated them and appropriate action had been taken by the management to reduce the risk of repeat events.

We observed that there were staff on duty in sufficient numbers in order to keep people safe. We saw when people asked for assistance, staff attended quickly. There were always staff available in the communal areas of the home. This showed staff were effectively deployed to keep people safe.

We found peoples medicines were managed safely. Medicines were stored in a clean and secure treatment room. A lockable trolley was used during medicine rounds. The temperature of the treatment room was monitored on a daily basis. However, on the day of the inspection we noted that the maximum temperature was in excess of the recommended range. We spoke to the registered manager about this and by the end of the inspection, the registered manager had put a fan in the room to address the temperature.

We checked records of medication administration and saw that these were kept appropriately.

There was additional storage for controlled drugs, (CDs) which the law states must be subject to a higher level of security and scrutiny. We checked the stock of all CDs at the home and found it corresponded with the home's records.

Some people had been prescribed medication to be taken on an "as required" (PRN) basis. The registered provider had devised protocols for these, to advise staff what symptoms people might show which would indicate this medication was required, and what the expected outcome was.

There were systems in place for stock checking medication, and for keeping records of medication that had been destroyed or returned to the pharmacy. The staff member we spoke with about medication had a good understanding of the system. The registered provider carried out an audit of medicines every month to make sure safe procedures had been adhered to.

We met with the administrator who showed us how the service looked after people's money. We saw the account records were completed and stored electronically. We were shown the account records for several people and they all corresponded with the receipts kept. We saw finance records were audited each week to make sure full and safe procedures had been followed. This meant all steps were taken to ensure money held for people living at the service was safe and all transactions could be fully accounted for.

We found the control and prevention of infection was managed well. The service had policies and procedures in place about infection prevention and control. We saw evidence that staff had received training in infection control.

Care workers were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. Communal areas of the home we saw were clean.

Staff told us that they had access to personal protective equipment (PPE) (aprons and gloves). Supplies were held at the office and they never ran out. Systems were also in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary.

## Is the service effective?

### Our findings

At our last inspection on 16 October 2016, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Need for Consent. This was because we found people's best interests were not always clearly documented, did not always involve all relevant people and did not clearly detail the outcome. The care plans we looked at did not contain information about people's capacity and what assistance they required with day to day decisions

The registered provider sent us an action plan identifying actions to be taken and timescales for completion in order for them to meet the requirements of the regulation.

At this inspection, we found the registered provider had made sufficient improvements to meet the requirement of the regulation. However, we recommend the registered provider review their processes in relation to Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS) so that full and accurate records are maintained .

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that appropriate DoLS applications had been made. Where DoLS had been authorised the registered provider was acting in accordance with any conditions of the person's DoLS authorisation. We did not identify anyone who was being inappropriately deprived of their liberty at the home.

Staff we spoke with were able to describe the main principles behind the MCA. Staff described how they sought consent from people before assisting them with any care tasks. Staff gave examples of how they would gain consent from people by being flexible, patient and allowing the person to do as much for themselves as possible. This demonstrated that staff understood the importance of gaining consent from people and giving them a choice.

We also checked people's files in relation to decision making for people who were unable to give consent. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in

relation to consent or refusal of care or treatment.

The files we checked showed that the registered provider had ensured that where people had the mental capacity to provide consent to receiving care, this had been obtained. Where people lacked capacity, there was evidence that decisions had been taken in their best interests. We noted, however, that records did not always show details of all the people who had contributed to the decision making process. We discussed this with the registered manager on the day of the inspection and they described the steps they would take to address this.

At our last inspection, we found a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Meeting Nutritional and Hydration needs. This was because the registered provider did not have effective systems in place to ensure people were supported to have sufficient to eat, drink and maintain a well balance diet.

At this inspection, we found improvements had been made to meet the requirements of the regulation.

We asked people using the service about the food available in the home. They were all extremely positive in their responses. One person said, "The food is always good, there's lots of it. Today I'm having braising steak but there's always a choice." Another person described the food as "Fantastic."

We observed lunch at the home. We found that people were offered choices, and staff ensured that the dining environment was pleasant and calm. Where people needed assistance to eat staff offered this promptly and discreetly. Our observations showed that staff knowledge of people's food preferences was good.

We checked five people's care records to look at what information was available in relation to people's food and drink preferences. We saw that there was a good level of detail about food and drink that people liked or disliked so that this could be respected.

Where people were at risk of harm in relation to eating and drinking, for example at risk of malnutrition or dehydration, this was assessed and was closely monitored. We found referrals to external healthcare professionals were made and any subsequent guidance was followed.

The cook had detailed dietary information for each person who used the service. This included information about allergies and food intolerances and any assistance they required with eating. Detailed information was available about people's dietary needs such as needing a diabetic diet or needing pureed or fork mashable food. The cook said the care staff always informed them if someone had not eaten well. They told us they were able to make alternative or smaller meals to tempt people.

We found food was stored in a clean and tidy area and was dated when placed in the fridge or freezer. Regular temperature checks of the food were conducted before they were served to ensure they were within the appropriate range. Fridge freezer temperatures were recorded, in line with safe procedures.

We found the service had policies on induction and training to inform practice. We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. This meant all staff had appropriate skills and knowledge to support people. We spoke with staff about the training available at the home. They told us the training was "Good.". One care worker told us, "The training's brilliant. It is not all on line now. It's much better."

New staff completed an induction programme where they undertook essential training and worked alongside an experienced member of staff. The home had not recently employed any staff who were new to care, but the registered manager was aware of the need to enrol staff, who had not worked in the care profession, on the Care Certificate. The Care Certificate is a recognised set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

The registered manager used a training matrix to identify mandatory, role specific and individual training needs of the staff and plan future staff training. Records showed the training provided included person centred care for people living with dementia, meeting people's nutritional and hydration needs and safeguarding vulnerable adults. Staff were also provided with training in health and safety issues such as safe moving and transferring, food hygiene and infection control.

People were supported by appropriate healthcare professionals, such as dieticians, opticians and dentists, to meet their on-going health needs. Records seen showed staff promptly contacted the GP or relevant healthcare professional in response to any concerns about people's health conditions.

One person told us that they saw the GP when they needed them. This information was confirmed by a visiting health and social care professional who regularly visited the home. They were confident staff had the skills to support people well and meet their healthcare needs. One visiting health professional told us the communication between staff at the home and themselves was "Very good" and "People are always happy, the staff are friendly and there's lots of interaction."

During the inspection, we spent time in all communal areas of the home. We saw that the physical environment throughout the home did not always reflect best practice in dementia care. We spoke to the registered manager and the regional manager about this and they informed us that plans were in place to make the building more dementia friendly.

We recommend that the service consider the NICE guidelines "Dementia" Supporting people with dementia and their carers in health and social care.

## Is the service caring?

### Our findings

People spoke positively about the care they received. We observed a caring, happy home in which staff appeared to get on well and were attentive to people's needs. Comments included, "The staff are lovely, especially [care worker]. He always pops in and says hello you can hear him coming. [Care worker] always makes us laugh."

A relative told us, "The staff are marvellous, too kind at times" and "If we won the lottery, we couldn't put [relative] in a better place. Everybody's treated the same here, and the staff always have a laugh and a joke with you. The staff are so caring." Another person's relatives told us they were very satisfied with the care their relation received. They said they were always made welcome and the home was, "One big family".

Staff spoke of people kindly and with affection. One member of staff said they treated people as if they were their own relatives. Another said they wanted to create a real sense of "Home" for people. One member of staff commented, "We all genuinely care, it's a family home, most people who work here have life experiences so can empathise with the people. I love working here."

We observed the staff supporting and interacting with people in a calm friendly manner. They took time to fully explain what they were doing and stopped what they were doing to sit and spend time to chat with people. Staff were aware of how best to communicate with people. For example, they got down to the person's level in order to speak to them, rather than standing over them. This meant people could see staff faces, which aided their understanding and were not intimidated by staff.

It was evident from their actions and discussions, staff knew people well and had built strong relationships. People were addressed by their preferred names and the staff responded to requests for assistance quickly.

Staff were not afraid to show affection, by holding people's hands and reassuring them, when they needed it. For example, one person was a bit tearful and staff asked the person what they could do to make them feel better. The person was reassured by the member of staff, and was much happier.

Where someone needed assistance to eat, a member of staff spent time assisting them. They chatted and made sure the person was happy. The person they were helping laughed and joked with them showing they were very happy with the assistance and attention.

We found people's personal care needs were met. People wore clean clothing appropriate for the time of year.

We found people were free to choose how and where they spent their day, for example, some people chose to stay in their rooms rather than the communal areas. This decision was always respected.

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. We met with visitors on the day of the inspection. One relative told us they were

able to "Come in at any time." Another said, "I visit whenever I want to, there are no restrictions."

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. We were told by staff that they always knock on people's doors before entering and make sure that personal care was provided in private.

People's confidentiality was respected and all personal information was kept in a locked room. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.



## Is the service responsive?

### Our findings

People's care records showed a detailed assessment of needs had been undertaken by the registered manager or a senior member of staff before a person was admitted to the service. People living at the home and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The care records we looked at set out in detail how staff should deliver care and support to ensure people's needs were met. This was recorded in sufficient detail so that staff were fully informed. We saw each care plan had been reviewed on a monthly basis to ensure that it was up to date.

Each person's care records included a range of screening tools, such as charts where staff were required to monitor the person's risk of poor skin integrity or malnutrition. These were completed at the required frequency, meaning that the registered provider could identify and act on any changes in people's health. Where the screening tools had identified changes, this had resulted in updates to people's care plans so that their needs continued to be met.

Some of the care plans we checked showed that people had required the input of external healthcare professionals. Where this was needed the registered provider made prompt referrals, and where guidance had been provided by external healthcare professionals this was being adhered to, with professional guidance being incorporated into people's care plans.

The registered provider's complaints policy and procedure contained the contact details of relevant outside agencies so that people had access to this important information. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints. People told us that they were comfortable discussing their experience of care with either the management or staff and that they were encouraged to do this. They confirmed that where they had made complaints they were kept informed of any actions taken in response to their concern or complaint.

We checked records of complaints that the registered provider had received, and saw that they had been responded to in a timely manner. One visiting relative told us that they had recently had to raise a concern with the management team but they told us they felt confident that the registered provider would take the appropriate steps to address the issue.

People living at the home, and their relatives told us people had access to a wide range of personalised activities. Records showed the activities provided included singing, craft, bingo and social outings. One person who used the service said, "There are activities all the time." People told us they enjoyed the activities and that they were able to choose what they wanted to do and staff facilitated it. One relative told us, "Since the new manager started the place is brighter and there's more activities." This showed people were provided with a range of leisure opportunities.

People had end of life care plans in place, we saw that the families and significant others had been involved as appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life. Do not attempt to Resuscitation (DNAR) forms were included and where people lacked capacity to make this decision a mental capacity assessment and best interest decision had been made by the appropriate people.

## Is the service well-led?

### Our findings

At our last inspection, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the system in place for monitoring the quality and safety of the service was poor and did not always identify areas of improvement.

The registered provider sent us an action plan identifying actions to be taken and timescales for completion in order for them to meet the requirements of the regulation become compliant.

At this inspection, we found the registered provider had made sufficient improvements to meet the requirement of the regulation. The home's previous registered manager had left their post following the last inspection, and a new manager had been appointed. The manager was registered with the Care Quality Commission and was being supported by the regional manager.

The new registered manager was familiar with the service and engaging well with people using the service and staff. They had developed an action plan identifying what they needed to do in order to comply with the relevant standards. They told us that when they took over the management of the service, they had identified gaps and had not felt things were sufficiently robust. They were working towards bridging the gaps and ensuring records were up to date. They told us that a further area for improvement was the frequency of formal staff supervisions and further training for staff around the Mental Capacity ACT, which they were working to address.

We saw that the registered manager had held meetings with staff, people using the service and their relatives to introduce themselves and gain insight about people's views and any concerns or issues. We observed the management team operated an "open door" approach, with staff often calling into the registered manager's office to share information.

Prior to this inspection, the registered provider had carried out a survey of staff and all the responses about the management of the home were positive. Staff who responded stated that management were approachable and they were confident that any issues or concerns would be dealt with. We checked records and saw that team meetings took place regularly, and were used by the registered manager to inform staff about care standards, any developments or changes in the home, as well any required targets for improvement.

Staff told us they felt communication in the home was good. One member of staff said, "I always know what's going on, communication is no problem." A visiting relative told us, "The registered manager is brilliant, she knows her job. She has made loads of changes. It's brilliant."

There was a system in place to audit the quality of the service. This covered a number of aspects of the service including catering, health and safety, records and the environment. We saw that where audits had identified any shortfalls or areas for improvement, an action plan had been devised with records showing when any required work had been completed.

The home's manager was also using the most recent CQC inspection report to identify any required areas for improvement. The registered manager described an approach of continuous improvement, where they wanted to constantly develop the service.

The registered provider carried out an annual survey of people using the service, their relatives and visiting professionals, and devised an overall analysis from the responses. We looked at the latest analysis and found that although the vast majority of the responses had been positive, there had been some negative comments in relation to the laundry. The analysis document recorded that action was to be taken in relation to improving the laundry service.