Maria Mallaband Limited

Troutbeck Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 7 and 8 August 2018 and was unannounced.

Troutbeck Nursing Home 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. The care home can accommodate up to 54 older people and older people living with dementia in one adapted building. Accommodation is provided over two floors. At the time of our inspection, 29 people lived at the service.

At this inspection we found some improvements had been made to the administration, recording and storage of medicines. This meant the service was no longer in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. However, further improvements were needed to the documentation of prescribed creams.

The registered manager had recently left the service and a new manager had been in position for three weeks at the time of our inspection. They were planning to register with the Commission. 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 being recruited safely and there were generally enough staff to take care of people. However, we have recommended that the manager reviews staffing levels and deployment of staff. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were generally up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were mostly being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was very good. There were plenty of drinks and snacks available for people in between meals. The completion of food and fluid charts needed to be improved.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome and could have refreshments at the home if they wished.

The home was spacious, well decorated, generally clean and tidy. All of the bedrooms were single occupancy with en-suite toilets.

The complaints procedure was displayed. Records showed most complaints received had been dealt with appropriately.

Everyone spoke highly of the manager and said they were approachable and supportive. The provider had systems in place to monitor the quality of care provided. However, these needed to be more effective to ensure where issues were identified, actions to make improvements were done within a reasonable time frame..

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance and have made one recommendation in relation to deployment of staff. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff were recruited safely. We recommended the manager reviews staff deployment to ensure people are provided with the care and support they need at all times.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were generally managed safely and the manager had improvements processes in place where required.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. Where people were at risk nutritionally, records did not always record sufficient details about their food and fluid intake.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.

People's care records reflected their current needs and most of these were reviewed every month.

There were activities on offer to keep people occupied.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems were in place to assess, monitor and improve the quality of the service. However, these had not always been followed to address required improvements.

We received positive feedback about the new manager who had a clear vision and strategies to improve the service.

Troutbeck 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 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.

This inspection took place on 7 and 8 August 2018 and was carried out by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used on this occasion had experience of caring for older people and dementia care. The inspection was unannounced.

Before the inspection we reviewed information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

We usually request that the provider completes a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We had not requested a PIR on this occasion.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included six people's care records, six staff recruitment files and records relating to the management of the service.

We spoke with five people who used the service, four relatives, three care staff, one care practitioner, one registered nurse, the chef, the activities co-ordinator, the laundry person, the manager, the provider's regional director and the provider's quality assurance inspector.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on October 2017, we found the service was in breach of Regulation 12; safe care and treatment – safe management of medicines. At this inspection, we found sufficient improvements had been made and the service was no longer in breach of Regulations.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or a medicine fridge. The qualified nurses took responsibility for administering medicines and we saw them doing this with patience and kindness. They also explained to people what their medicines were for and why it was important for them to take it. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed. The manager told us they were aware some improvements were still needed and they had plans in place to ensure further improvements took place.

People told us they received their medicines as prescribed, including pain relief if required. One person told us about the problem they had with taking their medication in a morning which made them sleepy. They told us they spoke with staff who arranged for the medicine to be given at night instead. They commented, "I was being given medication that made me sleep during the day so I said I would like it at night. That is better for me."

Although we saw topical medicines charts were now in place, which showed where and when prescribed creams should be applied, these were not always completed. There was no indication people had not received their creams as prescribed and people told us they received medicines as prescribed, therefore we concluded this was a documentation issue. We saw the documentation of creams had been identified during the provider's quality audits from January 2018 but this still had not been rectified, with completion dates being pushed forward constantly to the next month.

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

People were kept safe from abuse and improper treatment. People who used the service told us, "There is always someone here; they have given me a call bell to carry with me in my wheel chair", Everyone is treated well. I have not heard any wrong words" and, "I can go anywhere in the building and I am safe." One relative told us, "I have no worries about [relative's] safety; [person] wouldn't try to move without help," and another relative commented, "I think the staff try really hard; if anything goes wrong, you have staff to help."

Staff had completed safeguarding training and told us they would report concerns to a senior member of staff, the manager or the safeguarding team. Appropriate referrals had been made to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

People were protected from any financial abuse. The manager held some money for safekeeping on behalf of people who used the service. Records of monies held were kept and receipts for any purchases were

obtained.

Records showed safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included checks prior to people commencing employment such as references from previous employers and a satisfactory Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. Additional checks were made on qualified staff's current registration with the Nursing and Midwifery Council (NMC).

There were generally sufficient staff on duty to care for people safely, although the manager told us they were aware of the need to deploy staff in a more structured way to ensure people were kept safe. A dependency tool was in place and the service used regular agency staff if required to ensure continuity of care wherever possible. The manager and the regional director told us staffing levels could be increased if people's needs changed and one staff member confirmed this. A recruitment programme was ongoing for all levels of staff and ancillary staff. We saw people's requests for assistance were generally responded to in a timely way. However, on the first morning of our inspection, we saw one person whose records appeared to indicate they had been not seen by staff between 09:50 and when we alerted staff at 10:20. We saw the person was in a distressed state; their call bell had slipped down the side of the mattress and they were unable to reach it. We spoke with the manager about our concerns. On the second unannounced day of our inspection we saw the manager had instigated staff walk round checks at the start of the morning shift to ensure people were safe before commencing other duties. This gave us confidence measures had been taken to mitigate the risk of reoccurrence.

We received a range of comments from people and their relatives about if they thought sufficient staff were deployed. One person told us, "Absolutely. I am an ex nurse and it would have been great if we had this amount of staff," although another person commented, "I realised there is a labour situation, I think they are over worked. They are very helpful but they could do with some more." One person's relative commented, "The staffing is erratic at weekend. [Person] can press [person's] call bell and [person] has to wait. The response time is erratic." Another person commented, "As I came along the corridor this morning I could hear [relative] shouting for help; [relative] was in someone else's room. [Relative] was getting off the bed. There was no staff so I shouted for help. The staff who responded had to leave the person they were dealing with to help [relative]." However, during the two days of our inspection we saw call bells were answered in a timely manner.

We saw a new system for allocating roles and responsibilities at the start of each shift had been started. Staff were able to communicate with each other using portable 'walkie-talkies' and staff told us this had helped improve how staff worked. Some staff told us enough staff were on duty and other staff told us more staff were required. Comments included, "We're going the right way…when I've asked for help, they've always acted on it", "Sometimes there's enough staff, sometimes not" and, "It's a constant struggle every day."

The care team were supported by laundry and cleaning staff, chefs and an activities co-ordinator. We saw some cleaning and laundry staff were being sent from another of the provider's care homes due to the lack of regular ancillary staff. This particularly impacted at weekends where there was no laundry staff cover and care staff were responsible for washing sheets and bedding if required. The manager told us they were in the process of trying to recruit extra ancillary staff to fill these posts.

We recommend the manager reviews staff levels and deployment to ensure the provision of safe and timely care and support at all times, using best practice guidelines and consideration of the layout of the building.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems and lifting equipment such as hoists and slings. However, the manager was not able to locate some more recent check list documentation for areas such as hot water testing. They agreed this was an area for improvement.

Personal emergency evacuation plans (PEEPS) were in place and these were up to date and relevant. We saw the fire alarm was tested weekly and fire drills were held. This meant staff knew what action to take should an emergency situation arise.

The communal areas of the home were generally clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. However, we saw some people's en-suite bathrooms contained overflowing laundry baskets and other areas such as communal bathrooms, toilets and sluice rooms did not appear to have been sufficiently well cleaned. We also saw staff did not always follow correct procedures regarding the disposal of clinical waste which requires products to be double bagged. We spoke with the manager about our concerns and their response gave us confidence these areas would be addressed.

We saw an area behind the main open stairs was being used for storage, including boxes, slings and wheelchairs. We were concerned this constituted a fire risk and contacted the local fire service with our concerns. The manager told us they had already noted this and was identifying other areas in which these could be stored.

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again, for example; increased monitoring from staff and staff disciplinary action if required.

Requires Improvement

Is the service effective?

Our findings

Needs assessments were completed before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. We saw specialist equipment was put in place such as low height beds, specialist mattresses, mattress sensors and falls sensor mats.

Staff told us they were confident the training they had received had equipped them with the required skills for their role. One person said, "They (staff) are all competent and thoughtful; they can adapt to people's needs."

The manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care. We saw the management team had introduced a system whereby new staff were mentored by an experienced member of staff chosen to teach best practice and the values of the service from day one of their employment. We saw this in practice during our inspection.

The training matrix showed most staff were up to date with training which included infection control, medicines, first aid, food hygiene, moving and handling, palliative care and safeguarding. Staff were provided with supervision and annual appraisal which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the manager at any time for advice or support.

People's nutrition and hydration needs were met. People who used the service told us meals were good. One person told us, "Very nice I get plenty, we have a choice. For instance, yesterday I fancied a sandwich instead of lunch. Early morning, I have a banana and coffee. Drinks are available all day." Another person commented, "You get three choices at lunch time and good portion sizes. They offer me a lot of fluid; I like water."

We spoke with the chef and found they were knowledgeable about people's specific dietary requirements. They explained that for those people who required their meals to be fortified they added cream, butter or cheese and full fat milk. They told us they were kept up to date with any changes in people's dietary needs and were always informed when a new person moved into the home.

People who had been assessed as being nutritionally at risk were being weighed regularly and were referred to the GP or dietician to assess the need for dietary supplements. Records were also being maintained of what they were eating and drinking. Although people told us they received sufficient to eat and drink, we found some of these records were not always completed sufficiently to demonstrate this. For example, the fluid chart in place for one person who was nursed in bed showed on 6 August 2018 they had not been offered a drink after 14:30. The fluid chart for a second person showed on 7 August 2018 they had their first drink of the day at 14:20. This was discussed with the care practitioner who told us they were confident

people were having sufficient fluids throughout the day and night, but staff had failed to complete the charts correctly. They felt the main problem was that too many different charts were being used to monitor people's health and welfare which had resulted in staff becoming confused and not completing them correctly.

The manager told us they had already identified this as an area for improvement. Poorly completed documentation had also been highlighted during the provider's quality audit processes and during our inspection in October 2017. However, we saw this area remained requiring improvement.

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

There were choices available for every meal and jugs of juice were available in the lounges and in people's bedrooms. People were offered a variety of drinks and snacks throughout the day. We observed the lunchtime service during our inspection and found this an occasion where people chatted together and with staff. For example, staff started a conversation with other people in the dining room about the music being played. This encouraged people to get involved with comments about the singer, such as, "It's Cliff Richard; I like Cliff." People chatted away to each other on this subject. The main course was served to people on trays with covers on to keep the food warm. Food was also served to people who chose to eat in their rooms in this way. Food was well presented and looked hot and appetizing. Tables were attractively set with matching crockery, napkins, condiments and a copy of the menu, although we saw the week's menus displayed the incorrect choices. The manager told us they were going to introduce a larger menu and show food in a pictorial way to assist people with their choices. We observed a plate of soft food served to one person was well presented, with easily recognisable vegetables and meat. Staff assisting people with their food sat next to them and were patient, waiting for the person to finish each mouthful before offering more. We sampled the food and found it well prepared and tasty.

People's healthcare needs were being met. In the six care files we looked at, we saw people had been seen by a range of healthcare professionals; for example, GPs, district nurses, dietician, speech and language therapists and opticians. The home worked closely with the local GP practice who reviewed people's healthcare needs during a weekly ward round. We saw the manager was working to improve communication with the local GP practice to ensure people received appropriate care and support. A relative told us, "Staff sort it. [Relative] gets to see a doctor if I say I think [relative] has a water infection. They get the doctor out."

Accommodation at Troutbeck included a variety of living and dining rooms and bedrooms on the ground floor and first floor. A specialist dementia unit, the 'Blue Monarch' wing had been opened since our last inspection, although some people with bedrooms on this unit spent their days in the downstairs communal areas. Toilets and bathrooms on the Blue Monarch unit were easily identified with large signage and people's bedroom doors contained their name. An 'outside in' space had been created in one area with astro turf and a large mural of the outdoors. The manager and regional director told us of plans to make the unit more dementia friendly, including installing memory boxes outside people's bedrooms and creating a café style area in the communal lounge/dining room.

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. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were no authorised DoLS in place. A number of applications were awaiting assessment by the local authority. People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals.

Some people's relatives had obtained Lasting Power of Attorney (LPA). This information was available in people's individual care files. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPAs can be put in place for property and financial affairs or health and welfare. This showed us the manager understood their responsibilities to act within the legislation.

Good

Is the service caring?

Our findings

People we spoke with said staff were very caring and helpful and support was usually provided when they needed it. Comments included, "They treat me with dignity and respect and humour and banter which I like" and, "They treat me very well. I am independent; they have offered help but I don't need it."

Care files contained information about people's life histories, interests and hobbies. People looked relaxed, well cared for and were comfortable around staff. Staff greeted people using their preferred name and there was a calm, relaxed atmosphere. We heard some good-humoured banter shared between people who used the service and staff which resulted in laughter and further conversation. Mealtimes were relaxed and social occasions where staff and people chatted together about a variety of topics, such as their music preferences. Staff also chatted with people about clothes and fashion. For example, one person asked a staff member about their outfit and where they got it. This started a conversation between people about shopping and the best places to buy clothes from.

Staff were sensitive to people's needs. For example, we saw staff comforting a person who had become distressed about their relatives going away on holiday. They spent time holding the person's hand and chatting with them gently over a cup of tea. Another person had become anxious and wanted to leave the service to go for a walk into town. Staff, including the management team, spent time with the person to find out why they felt this way and how they could help.

Staff were able to give examples about how they treated people with dignity and respect, such as knocking on people's doors before entering and ensuring doors and curtains were closed when providing personal care. We saw this happened during our inspection. One person who had a sight impairment told us, "They knock on my door, but before they enter they say who they are." One relative told us staff always assisted their loved one to their bedroom when they required a change of clothing or personal care and ensured the person was treated with dignity and their privacy upheld.

People who used the service and relatives had been involved in developing their care plans. One relative told us, "I have a look at [relative's] care plan; they do discuss about a one to one care plan." Another relative commented, "I am included. We went through it because there was a step up in [relative's] requirements; we brought it up to date."

Visitors were made to feel welcome and part of the service. We saw staff offered visitors refreshments, greeted them by name and were able to talk with them about their loved one. This, together with our discussions with staff, demonstrated staff knew people well.

Staff encouraged people who used the service to be as independent as possible. We observed staff being caring and helpful to people while encouraging them to be as independent as they could. For example, one person asked staff to help them to the toilet. Staff stopped what they were doing and offered help by bringing the person their walking frame. Staff waited for the person to do what they could to stand on their own before helping them to get their balance. When the person started to walk, staff encouraged them by

saying, "Big steps, [person's name], big steps." The person reacted by lengthening their stride as much as they could. Staff carried on encouraging them to move effectively by saying, "You need to twist your body to the left." When the person got stuck turning a corner, staff intervened and directed them in the right direction. When the person asked for some more help they said, "I can help you a little." Staff continued to reassure the person, speaking kindly and with patience, saying, "Well done, [person's name]." When they arrived at the person's room, staff closed the door behind them to offer the person privacy.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people and relatives showed us the service was generally pro-active in promoting people's rights. However, one person's relative spoke with us about their relative wishing to have female care staff to assist with their personal care and that a male staff member had recently been assisting them. We spoke with the manager who said they were not aware of this and would immediately put plans in place to ensure this happened in the future.

Good

Is the service responsive?

Our findings

Records showed people who used the service and/or relatives were involved in the care planning process. People we spoke with confirmed this. Care plans were developed as a result of these discussions and with regard to people's risk assessments.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. People's preferences were recorded such as what they liked to eat and how they liked to spend their time. We saw staff followed people's plans of care and staff we spoke with were aware of people's needs and preferences.

Most risk assessments and care plans had been reviewed monthly. We saw where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

People's end of life care needs were planned for and their wishes discussed with them or their family where appropriate. Some people had 'My End of Life Wishes' documents in place which contained their future wishes and plans and other people had detailed end of life plans in place. We saw these were being followed, including ensuring attention was paid to their oral care needs.

Complaints were taken seriously and investigated. Most people told us they were happy with the service. They felt if they had a problem they would be listened to and knew who to go to if they had a complaint. One relative told us, "I would go to the manager. I have made a complaint in writing and did get a response." Another relative told us they had made complaints in the past and commented, "These have all got sorted and we are happy about the way they were dealt with."

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. For example, one person was registered blind. Staff had placed a notice on the person's bedroom door and just inside the room, at their request, which asked staff to knock and say who they were and why they were entering the room. We saw staff did this during our inspection, although the person commented that non-regular staff sometimes forgot to do this.

The manager had employed a second activities co-ordinator to work alongside the existing activities organiser to offer a wider range of stimulating activities. During our inspection we saw people engaged in group activities such as a quiz and a lively beetle drive which people were clearly enjoying. Some people spent time sitting in the gardens, enjoying the sunshine and we saw staff offered manicures to other people. We spoke with the activities organiser who told us following a recent resident's/relatives meeting, they had

plans in place to offer more community based activities when possible. This included a barge trip with buffet lunch booked for the following month. They told us once the new activities co-ordinator started, they would be planning more activities such as this, utilising the provider's mini bus and local community transport services.

Requires Improvement

Is the service well-led?

Our findings

Since our last inspection, the registered manager had left the service. A new manager had just come into post who was intending to register with the Commission. At the time of our inspection they had been in post three weeks. They told us they were well supported by the provider's management team and received good support from most staff. On the first day of our inspection, the provider's quality inspection manager attended the service. On the second day of our inspection, the provider's regional director, who had managed the service in the interim weeks before the manager commenced employment, came to support the manager.

Audits were being completed, to identify issues and ensure these were resolved. These included care plans audits, medicine audits, health and safety audits and environmental audits. However, we saw where shortfalls in the service were identified through the provider's monthly quality improvement audit, where timeframes had been allocated for completion, many actions had not been fully addressed and had been carried forward for several months. For example, concerns we found with completion of documentation such as prescribed creams and food/fluid charts had been identified both in our previous inspection in October 2017 and the provider's own quality improvement audits in subsequent months. We spoke with the regional director. They told us they were planning to recommence the provider's audit process so the new manager had a clear picture of the areas they needed to currently address. However, they were unable to provide us with reassurances that all the previously identified areas had been fully addressed.

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

People were complementary about the new manager, recognised they were new to the service and felt they were listened to. They told us the manager was providing effective leadership and support. One person told us, "I think the manager is lovely. She joins in a lot. A singer came and she joined in the singing." A relative commented, "Yes, I know the new manager. When I talked to her about another resident she listened. Then (she} came to tell us she had made some changes." Another relative told us, "She came to a meeting with me two weeks ago about [relative]. She was marvellous. She is trying very hard."

Staff we spoke with all told us they would recommend the service as a place to live and a place to work. Most staff we spoke with were positive about the future direction of the service and told us they felt supported and had confidence in the leadership of the new manager. It was evident that the culture within the service was open and positive and that people who used the service came first. One staff member told us, "Think once we've turned everything around under the guidance of [manager's name], we'll be a force to be reckoned with."

The manager told us as part of the quality assurance monitoring process they intended to hold regular meetings with people who lived at the home and their relatives and send out annual survey questionnaires. They confirmed the information provided would be collated and an action plan formulated to address any concerns raised.

We saw that staff meetings were held on a regular basis so that people were kept informed of any changes to work practices. We saw evidence to show the last inspection report had been discussed with staff at all levels of the organisation to drive improvement. In addition, the manager confirmed an annual staff survey would be carried out to seek their views and opinions of the service and to establish the level of engagement they had with the home and organisation.

The manager told us they intended to develop stronger links with specialist community based health and social care professionals and promote partnership working, to achieve the best possible outcomes for the people they supported. They said they kept up to date with best practice guidelines by subscribing to on-line health care journals and researching web sites such as the Care Quality Commission (CQC). The provider held monthly manager meetings as a forum for sharing concerns, updates and best practice and the manager told us they would be attending these as well as local provider forums.

Providers are required by law to notify CQC of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home and on their website; we found the service had also met this requirement.

We found the management team open and committed to make a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care, and achieving good outcomes for people living at the service. Staff we spoke with were committed to providing caring and compassionate care in line with the service's values. New care staff were mentored by experienced staff who were clear about the vision and values of the service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have robust and sustained arrangements in place to assess, monitor and improve the service. Records relating to the care and treatment of people were not always complete and up to date. Regulation 17 (1) (2) (a) (b) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014