

A H Choudhry

Lindhurst Lodge Residential 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lindhurst Lodge Residential Home is a residential care home providing personal care to 28 people at the time of the inspection. The service can support up to 37 people. The care home is purpose built with bedrooms on the ground and first floors.

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

People told us they felt safe and liked living at the home. Relatives confirmed they thought their loved ones were safe. Systems were in place to record safeguarding incidents and staff were aware of safeguarding procedures and had confidence in the new manager. Risks to people were assessed and positive risk taking was encouraged, which supported people's independence. However, risk assessments were not always individualised. People's needs were reviewed, and this information was used to inform staffing levels. However, feedback from people and staff, and our observations suggested staffing levels would benefit from review.

We made a recommendation about this.

Medicines management processes were in place and staff were trained and had their competencies checked. Information to support people to receive 'as and when' medicines, when they were unable to say whether they were in pain, were not documented. Records did not identify where people's prescribed creams should be administered, however staff were knowledgeable about this. Staff were diligent about identifying where additional information was needed from GPs to ensure medicines were administered safely.

Not all staff had been recruited in a robust and safe manner. Infection control procedures were in place. The service analysed information from checks and audits and used this to improve and learn and shared this information with staff.

People's needs and choices about their care and support were assessed in line with legislation. Not all new staff had received appropriate training. People told us they liked the food. People were encouraged to eat and drink, a good variety of snacks, including fresh fruit was offered. People were supported to eat where they needed this.

Care notes were detailed and a handover between staff took place each day. Staff confirmed they found out about changes to people's needs, however care plans were not updated thoroughly. Professionals we spoke with told us staff were responsive to their requests. Care plans showed health professionals were involved in people's care when they needed to be. People had recently been asked about their preferences for activities and food choices.

Consent to care and support was sought and recorded. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff interactions were kind and caring, with good use of eye contact and appropriate touch. People told us

staff respected their privacy and dignity. People and relatives were generally involved in their care and support plans, however recording of this could be improved.

We made a recommendation about this.

People's care plans were detailed about the level of care they needed, however in some instances this had not been updated. Activities were very limited. Concerns and complaints were recorded and responded to appropriately. Action plans and lessons learnt were considered and implemented where appropriate as a result of any findings from these. People were supported during their end of life care however more detail was required in care plans to consider and support people's wishes.

The new manager was clear about their challenges and plans to make improvements to the home. There was a plan of regular audits, these had not taken place for a period of time, but these had recently recommenced. People and staff spoke positively about the new manager, the supporting manager and registered provider. Regular satisfaction surveys took place, these were analysed and used to consider improvements to the home. The provider had explored options of working in partnership with other agencies and community groups.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 August 2018) and there were multiple breaches of regulation. The provider had completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last three consecutive inspections. We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe administration of medicines and provider oversight of the service at this inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lindhurst Lodge Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team comprised two inspectors and an assistant inspector.

Service and service type

Lindhurst Lodge Residential 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 service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had recently started at the home and had applied to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the new manager, the supporting manager, senior care workers, care workers, domestic staff, maintenance staff and the cook. We also spoke with a visiting professional. We reviewed a range of records. This included three people's care records in full and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

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

Staffing and recruitment

At the previous inspection we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as robust recruitment procedures had not been followed. Although improvement had been made to the recruitment process at this inspection, we found two staff who had most recently been recruited had not been recruited safely although the new manager had identified this risk.

- Staff who had been recruited most recently had not had the appropriate checks undertaken. This meant people were at risk of being cared for by staff who had not been vetted and may not have been safe to work with vulnerable people.
- The new manager had started to take action to retrospectively undertake the appropriate checks. The service had a recruitment process however the provider had not ensured this had been followed for a period of months.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to ensure robust recruitment checks had taken place.

At the previous inspection we found a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as there were insufficient numbers of suitably qualified staff deployed to meet people's needs effectively. Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- People's needs were reviewed and staffing rotas produced as a result of these. This showed staffing levels were adequate.
- Staff told us the new manager had made changes to how people were supported to get up and ready for the day and this had meant care was able to be carried out in a personalised and unrushed manner.
- Observations throughout the day suggested people were left for long periods of time without staff in attendance. We discussed this with the new manager and the supporting manager who told us they were in the process of recruiting an activities co-ordinator but planned to consider alternative deployment of staff to better support activities for people.

We recommend the provider consider alternative ways of deploying staff to ensure people receive adequate social interaction and support throughout the day.

- Staff suggested staffing levels were not always appropriate at certain times of the day. A staff member said, "At dinner time people are going to have to wait (to be supported) as everyone is eating at once," and our observations supported this. We discussed this with the new manager and supporting manager.

We recommend the provider consider alternate ways of deploying staff during lunch periods.

Preventing and controlling infection

At the last inspection we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as infection control was not well managed and some aspects of the home had not been well maintained. Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- The home managed the control and prevention of infection well. A recent external infection control audit had taken place which found the home was managing infection prevention well.
- Regular checks on the home's cleanliness and audits of cleaning schedules took place.
- Staff had good access to personal protective equipment (PPE), such as aprons and gloves, and used these when delivering personal care. Staff were able to describe in detail infection control processes and how items were colour-coded to prevent cross-contamination.

Using medicines safely

- Information for staff about people who were unable to express pain was not recorded, which meant staff did not have guidance about when to administer pain relief to those people when it was prescribed on an 'as and when' basis. We brought this to the attention of the new manager and received immediate confirmation from them that this information had been put in place.
- People who were prescribed creams and gels did not have information about where this should be administered. We brought this to the attention of the new manager who told us they would include this for the two people affected.

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

- People received their medicines as prescribed. Staff followed established processes when administering medicines, storing them and disposing of them safely. Staff were vigilant about querying discrepancies of prescribed medicines with GPs and pharmacy.
- Staff administering medicines had received appropriate training and their competency to administer medicines was checked.
- Staff were knowledgeable about people's medicine needs.

Assessing risk, safety monitoring and management

- Risks to people were assessed and actions identified to mitigate risks, however where people were receiving oxygen individual risk assessments had not been undertaken. We discussed this with the new manager who identified the actions they need to take to ensure appropriate risk assessments for this were completed.
- Equipment was well-maintained and appropriate checks had taken place to ensure this, however bed rail checks had not been undertaken for a period of months. We brought this to the attention of the new manager who made immediate plans to check bed rails.
- One person had a change in their care needs and this had not been updated in their care plan. This meant that person was at risk from being supported with incorrect care needs, however staff were knowledgeable about these changes, so this had not had an impact on this person. The new manager was in the process of

undertaking a thorough review of all care plans.

- The new manager had identified and implemented various environmental checks which supported the safety of people living at the home.
- An environmental action plan had been completed in February 2019 however checks had not been undertaken to consider whether these actions had been completed. We brought this to the attention of the supporting manager and the new manager who agreed this would be looked at as a matter of urgency.
- People were supported with positive risk taking which promoted their freedom and choice.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse.
- Staff were knowledgeable about the signs of abuse and how to report these. Staff were confident managers would respond to concerns raised.
- People and their relatives told us they felt safe living at the home.

Learning lessons when things go wrong

- The provider had processes for learning lessons when things went wrong. Learning from accidents and incidents was considered and action to share this had been undertaken and shared through team meetings. Action was taken to identify suitable solutions and to address any risks identified.
- The supporting manager and new manager were responsive to any concerns highlighted and took immediate action to improve.

Is the service effective?

Our findings

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

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

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection we found a breach of Regulation 11 (Consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider was not fulfilling its duties as required by the Mental Capacity Act. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found that they were.

- Assessments had been completed when people lacked capacity and best interest meetings were held which included professionals and significant representatives
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. The provider had policies and procedures to underpin this.
- Care plans reflected the principles of the MCA and DoLS and appropriate applications to the local authority where restrictions were in place had been made and notifications were sent to the CQC.

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

- Assessments of people's needs were in place and these were generally updated however one person's care record had not been updated to reflect their current situation. We found staff were knowledgeable about these changes.
- The provider had recently introduced a new electronic system for care records and the new manager told

us they were in the process of reviewing these to include more information and make them more person-centred.

- Recently the supporting manager had introduced a new morning routine; a staff member told us, "It's a more person-centred approach...there's more time for each [person]."
- People had completed information about their life history and social interests. People's choices and preferences was recorded.
- A staff member confirmed, "[People's] likes and dislikes are in the care plans."

Staff support: induction, training, skills and experience

- New staff had not received appropriate training prior to them starting work. The supporting manager had identified this and confirmed this training had now taken place.
- Staff completed an induction prior to working independently and were supported to work with a more experienced staff member.
- Staff told us they completed a wide variety of training and this enable them to undertake their role. One staff member told us, "The training's been good, it covers everything and helps you understand why things are done a certain way."
- A relative explained how staff had been able to support their loved one and settled them into the home, their relative had been in lots of homes previously and staff had not been able to support them. The relative said, "I feel they (staff) have done really well for her."
- Staff told us they were well supported in their role and received supervisions and appraisals. A staff member confirmed, "I find them helpful. If we're not doing something right, we're told, and we can do something about it."
- Staff told us that all the staff worked together as a team and this was confirmed from our observations. One member of staff told us, "It's good working here, I get on with all the staff, they're all lovely."
- As staff came on duty there was a handover from the previous shift where people's changing needs for the day were discussed. Information about people was readily available on the electronic records for staff to review. Staff told us, "Communication is pretty good."

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

- Care records had detailed information about people's dietary needs and included information about people who required fortified or specially modified meals, however we found one person's care plan did not contain details about their diabetes diagnosis. We discussed this with the new manager who confirmed a review would take place to ensure this was updated.
- The cook had a good understanding of how to support people on modified diets, such as those who needed a softer diet due to swallowing difficulties. Information about people's needs was clearly recorded within the kitchen.
- Care records included monitoring for weight and malnutrition screening tool (MUST) to identify those at risk of weight loss. We saw that suitable referrals were made to health professionals when additional needs had been identified.
- People were positive about the food available and told us, "The food is nice, you can choose" and, "The food is lovely, plenty, and you can have seconds if you want."
- Snacks and drinks were offered to people throughout the day, which included a variety of fresh fruit as well as biscuits and snacks, and staff encouraged people to eat and drink. Staff had a good understanding of the importance of promoting hydration and nutrition.

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

- Where people needed support from other healthcare providers such as GPs or Speech and Language Therapists, referrals were made promptly and advice was incorporated into the way people were supported.

- People told us they got the support they needed. One person told us, "They would call a doctor for me if I needed" and a relative told us, "All [family member's] needs are met." We saw from one person's records that their health had improved through interventions undertaken by staff.

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

- People's bedrooms were personalised and reflected people's preferences and choices.
- Communal areas were kept clean and uncluttered to reduce the risk of people tripping. The dining room was bright and cheery and future plans included a self-service area for some food items to support people with their independence.
- Some aspects of the home supported people who lived with dementia.
- There was a planned programme of refurbishment, and the new manager planned to discuss this with people.

Is the service caring?

Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At this last inspection we found a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as these examples showed people's dignity and privacy was not always maintained. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

- People told us they were treated with dignity and had their privacy respected.
- We observed that people were discreetly supported when receiving personal care and people's bedroom doors were kept closed.
- People confirmed they were supported to be as independent as possible whilst being safely assisted to do certain tasks. Care plans contained information about how to do this.

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

- People were positive about the care and support they received from staff. They told us, "They're alright, I get all the care and support I need", "They (staff) will ask if I'm alright or if I want anything else doing", and "They always ask me before they help"
- Relatives confirmed staff were caring and told us, "I feel [family member] gets everything she needs here. They (staff) are very good with her" and "I'm very happy with everything here".
- Staff were clear about how to deliver good care; one staff member told us, "Good care is being kind to [people], showing dignity and respect, taking [their] opinions into consideration."
- Staff spoke positively and with affection about the people they were supporting and told us, "It's a more person-centred approach," and, "I enjoy it, [people] are cared for, dignity and respect is always kept".
- We observed positive interactions between people and staff.
- We looked at how the service complied with the Equality Act 2010 and how the service ensured people were protected from discrimination because of any characteristics that are protected under the legislation. We found the provider had a good understanding of this and policies ensured people with protected characteristics were supported.

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

- People told us they had choice in their daily lives. One person said, "They (staff) always ask before they

help", "If I want anything I just ask and if possible, I get it", and, "I can make my own choices".

- People felt able to speak with staff and raise concerns and told us, "I can talk to the staff if I needed" and, "They will always listen, if you are down they will talk with me."
- Staff told us how they supported people's independence and choice throughout the day. A staff member told us, "[I] give them choice, ask them what they would like to do...for example, what perfume do they want instead of picking for them, encourage them to brush their own hair, give them that time to make their own decisions."
- Care records indicated that most people had been involved in the assessment and planning of care. However, we did not always see evidence of involvement of people, or their relatives, in care plan reviews or updates.

We recommend the provider consider how people and their relatives are involved in all aspects of care planning and how this is accurately recorded.

Is the service responsive?

Our findings

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

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

This meant people's needs were not always met.

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

- The home used an electronic system for care records, which staff told us they found easy to use and which gave them better information about each person. A staff member confirmed they got to know people's likes and dislikes "through reading care plans...and we can speak to [people] and ask them".
- One relative confirmed the new manager talked to them about their relative's care and support however another when we asked about their involvement in their relative's care plan said, "Didn't know [they] had one." Care plans we looked at did not always record involvement from people or relatives however one relative confirmed they had input into their loved one's care plan. One relative told us, "I'm always kept informed about [relative] and how he is doing."
- A relative told us how their loved one was unable to eat a chocolate bar and the cook had made a mousse out of the chocolate bar, which meant the person could enjoy chocolate with everyone else. The relative said they were "touched by this".
- Some people were able to access the community independently and the provider encouraged and supported this. Some people received support from external support workers so they could go on trips and outings. The new manager had made links with a local school and had arranged for them to visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about people's individual communication needs. One person was unable to communicate verbally and staff showed an excellent understanding of the hand gestures this person used to communicate what they wanted.

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

- The provider had a vacancy for an activity co-ordinator and our observations suggested people were left for long periods without a staff presence. A staff member said, "At the moment, the best we can really do is a movie day...When it was D-day, football we put that on for [people]. It's a way of [people] being connected to the outside world. We put music on, old music they can sing along to. Even people who can't sing we have noticed will sway to the music. Some gentlemen will play cards and dominoes." People told us they enjoyed

sitting outside in the sunshine.

- One person had two TVs in their room as they needed to be re-positioned regularly and so had a TV at either side of their bed to enable them to watch TV regardless of their position.
- The home supported people who wished to receive religious support by arranging for ministers to attend the home.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and we could see that when complaints and concerns were raised, the provider was quick to respond and address the issue.
- People told us they had no complaints and one person confirmed, "I know who the manager is."
- Relatives told us they were aware of the complaints procedure and said, "If I had any concerns I would speak to the manager or one of the seniors, they are very good" and, "I would go to the manager's office, or I would ring, I have their number".
- People and relatives also completed annual surveys to provide feedback. We saw analysis had been undertaken but needed more information to relate this to planned actions.

End of life care and support

- At the time of inspection the home was not supporting anyone at the end of their life.
- Care plans recorded people's end of life wishes but these were very limited and we spoke with the new manager about completing a more detailed plan with each person. The new manager explained their plans to do this.
- Staff confirmed they had received training about end of life care; one staff member said, "It's to make sure [people] are comfortable, anything they want to do – it's their choice."

Is the service well-led?

Our findings

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

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

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

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

At the last inspection we found a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as governance systems had not identified the concerns we found during this inspection. At this inspection we found enough improvement had not been made and the provider was still in breach of this regulation.

- Audits had not been undertaken between February and June 2019. The supporting manager had immediately recommenced audits and checks and had begun to retrospectively undertake audits.
- An environmental action plan had been completed in February 2019 however checks had not been undertaken to consider whether these actions had been completed.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had failed to ensure appropriate actions had been taken.

- The provider had commenced regular checks of all aspects of the home.
- There was a new manager in post who provided leadership and support. They were currently being supported by the provider and a registered manager of a 'sister' home. We found the management team open, honest and committed to making difference to the lives of people living at the home.
- The new manager, supporting manager and registered provider were well known to people, relatives and staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff told us that the home was well run. A staff member told us, "The [supporting] manager is consistent and really good."
- The new manager had prioritised speaking with people individually to introduce themselves and emphasise their open-door policy. People told us they knew who the new manager was.

- A relative told us they would know who to speak to if they had any concerns saying, "the new manager is accessible" and "the seniors are quite good".
- The new manager had also focussed on speaking, and working directly, with staff who told us they would feel comfortable speaking with the new manager. A staff member said, "We have got a good atmosphere here ...you can go to management if there are any problems, we are free to question things." Another staff member said, "It's good, I like it, I do think it's a lot better now. Everybody gets on, has a caring nature and management are approachable for any concerns. I feel you can talk to them, I would say since [new manager] it's been better."
- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required.
- Staff told us, and records, showed they had regular team meetings. A staff member said, "They are usually once a month...we are given the opportunity to discuss what we want...If we are unable to attend minutes are accessible for us."

Continuous learning and improving care

- The supporting manager analysed information from accidents, incidents and complaints to consider trends and themes and consider improvements. The supporting manager had produced action plans from these in conjunction with the new manager.
- The new manager and provider were receptive to feedback throughout the inspection and responded quickly to address concerns and improve the service. However, evidence of effective and sustained systems for oversight need to be demonstrated. We will review this at our next inspection.

Working in partnership with others

- Local authority professionals confirmed they had positive working relationships with the service.
- The provider worked well with other organisations. They had good relationships with local healthcare services and worked with them to achieve the best outcomes for people.
- The home had links with the local community including local churches and schools.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who were prescribed medicines on an 'as and when' basis did not have appropriate plans in place to ensure these were administered safely.</p> <p>People who were prescribed topical creams did not have these administered in line with national best practice guidance.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not carried out checks to ensure new staff were had robust recruitment checks before starting their employment.</p> <p>The provider did not carry out checks to ensure new staff had received appropriate training.</p> <p>The provider had failed to ensure appropriate audits were undertaken at all times.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Staff were not recruited safely, robust checks were not completed before they started working at the service.</p>