Melrose House Cullercoats Ltd

Melrose House

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

Melrose House provides accommodation, personal care and support for up to ten adults with mental health needs and/or a learning disability. At the time of our inspection eight people were living at the service and one person was in receipt of respite care.

We carried out an unannounced comprehensive inspection of the service on 18 January 2017. At a previous comprehensive inspection carried out in January 2016, we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely, person centred care, safe care and treatment, premises, staffing and good governance. However, following a focussed inspection conducted in July 2016, we found the provider had implemented improvements in order to meet these legal requirements. We did not change the rating of the service at that time because we wanted to be sure the provider achieved sustained compliance with relevant regulations.

There was a registered manager in post who had been employed at the service since February 2016 and registered with the Care Quality Commission (CQC) to manage the carrying on of the regulated activity since June 2016. A registered manager is a person who has registered with CQC 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.

The people we spoke with had lived at Melrose House for many years. They told us they felt the safest they had ever been. Established safeguarding procedures were in place and the registered manager ensured all of the staff were aware of their responsibilities with regards to recognising and reporting any suspicion of people being exposed to harm or abuse.

Individual risk assessments were in place to assist staff to support people in the safest possible way. Actions which staff could take to mitigate risks were clearly documented. Accidents and incidents continued to be recorded, monitored and reported to the local authority and CQC as necessary.

The registered manager ensured the premises were safe. Essential safety tests of the electricity, gas and water utilities had all been undertaken and were monitored for renewal dates. A handyman completed daily, weekly and monthly checks on the premises to ensure it was safe and well maintained. Equipment used to help people mobilise around the property was serviced as required.

Personal emergency evacuation plans were in place and regularly updated to ensure the service held a current record of the support people would need to evacuate the building in an emergency.

Staff recruitment was robust and the registered manager ensured pre-employment vetting checks were in place before employees commenced in their roles. Staff were monitored for their competence and suitability throughout a probationary period and were closely supervised until the registered manager was

satisfied with their performance. There were enough staff employed at the service to meet people's needs. Staff confirmed they had enough time to complete their duties and people told us the staff were available whenever they needed them day or night.

Medicines were managed safely. We observed staff safely administered medicines to several people during our visit. Procedures were in place to ensure medicines were ordered, stored, administered and recorded in line with best practice guidance.

The registered manager had placed a high priority on infection control and we saw that initial improvements to reduce the risk of cross infection had continued. The premises were exceptionally clean and tidy. Staff followed best practice guidelines in relation to the control of infection.

Staff were inducted into the service and trained in topics which were relevant to their job. The registered manager had sourced external training to enhance staff's skills and knowledge. The registered manager and a senior support worker completed competency checks on staff to ensure they continued to be fit for their role.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager told us that nobody living at Melrose House had any restrictions placed on their liberty in line with the Mental Capacity Act 2005.

People were supported by staff to eat well and they were encouraged to consume a balanced diet. Staff prepared a choice of meals from a menu and alternatives were available. Some people helped themselves to food and drinks as they wished.

The property had been adapted to suit the abilities of the people who lived there. Improvements which had been made in this aspect of the service continued to be appropriate for people's needs.

People told us the registered manager was extremely caring and had been heavily involved with their care. People were very impressed with the registered manager and the support staff. We observed all staff were kind and considerate of people's capabilities. We saw staff treated people with respect and ensured their privacy and dignity were maintained. All staff were friendly and professional throughout our visit.

Records showed and people confirmed that they had been involved in devising their care plans and they had shared information about themselves in order to help the staff get to know them better. Their likes, dislikes, preference and routines were documented within their care records.

Staff had acted as an advocate for people if it was identified that they needed support and they agreed. Some people also had relatives and/or an independent advocate to support them in decision making with certain matters.

The provider had recently invested in a software system to develop electronic care records. Paper care records were still in use while the registered manager fully integrated all of the information held in the paper files into the electronic system. Since our last inspection the registered manager had made links with other similar local services to seek guidance on best practice care planning. The care records were now detailed and person-centred. They contained thorough assessments of people's needs, personalised care plans and individual risk assessments.

People accessed the community as they wished and mostly made their own arrangements regarding activities. There were communal activities available for people to access within the home and staff had organised parties, theme nights and celebrations to reduce social isolation.

There had been no complaints since our last inspection and during our visit nobody raised any concerns with us. The feedback we received from external professionals was positive.

Detailed audits to monitor cleanliness, infection control, maintenance, medicines and finances continued to be completed and these were regularly monitored. Staff meetings and 'house' meetings were held to ensure everyone was happy with the improvements and changes made throughout the service.

Everyone spoke highly of the registered manager. The improvements she had made throughout the service continued to be recognised by people who used the service, their relatives and visitors. It was apparent that the registered manager and the provider had invested a lot of time and effort into addressing the previous issues and were committed to ensuring Melrose House was a safe place for people to live.

We were reassured that the improvements identified to address the safety and quality of the service had been 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.

Safeguarding processes were in place and staff understood their responsibilities.

Accidents and incidents were managed and monitored.

The premises were well maintained and extremely clean. Best practice was followed in relation to infection control.

Staff were safely recruited.

Is the service effective?

Good

The service remained effective.

Staff were knowledgeable and their training was up to date in topics relevant to their role.

Staff were supported to understand their role and responsibilities by the registered manager through structured supervision and appraisal.

The registered manager had a good understanding of MCA and applied its principals to the service.

People received well balanced meals and had access to external professionals as necessary to support their general well-being.

Is the service caring?

Good

The service remained caring.

People were cared for by staff who were friendly and kind.

People had contributed to their care records and they were involved in planning their own care and setting goals which the staff supported them to achieve.

Staff treated people with respect and ensured their privacy and dignity were maintained.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place which reflected people's individual needs and preferences.

Activities were organised to suit people's interest and hobbies. People accessed the community as they wished.

No complaints had been received about the service provided.

Is the service well-led?

Good

The service was well-led.

The registered manager was established in her role and had ensured the improvements to the service were sustained.

People spoke highly of the registered manager and the staff team.

People and staff were encouraged to be involved in the running of the service.

Audits continued to be conducted and analysed to ensure the safety and quality of the service.

Melrose House

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 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 unannounced comprehensive inspection took place on 18 January 2017. The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed all of the information we held about Melrose House including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Before the inspection, we contacted the local authority contracts monitoring team and adults safeguarding team. We also reviewed the action plan which the provider had sent to us following their last comprehensive inspection in January 2016. We used all of this information to inform our planning of the inspection.

During the inspection, we spoke with the registered manager, the provider and three support workers. We observed care being delivered throughout the day and we were able to speak with six people and a relative. After the inspection three external health and social care professionals provided some feedback about their experience of the service.

On this occasion we did not ask the provider for a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

At our last comprehensive inspection of this service we found the provider was in breach of five regulations concerning safety. These related to safe care and treatment, safeguarding people from abuse, the premises, staffing and good governance. We followed this up in July 2016 with a focussed inspection where we found improvements had been made in these aspects of the service and compliance was met.

The registered manager had carried out a review of all care records which included risk assessments. Individual risks which people faced were documented in relation to aspects of their care such as medicines, falls and behaviour. Information now included a detailed history and current specific needs. Risks were rated as low, medium and high and contained actions staff should take to reduce or remove risks. Where a risk was rated as high, an alarm was set on the electronic care recording system to alert staff at each handover to review this specific risk and discuss any incidents with staff coming on shift. These were also highlighted in red in the paper records. Risk assessments had been updated after each incident.

Accident and incidents continued to be properly recorded and monitored. We reviewed 13 incidents which involved the emergency services. We saw staff used a reporting form to record an accident or incident and if necessary attached a corresponding accident book record. These were completed with thorough details and the actions taken by staff. The registered manager had signed off each report and sent a relevant notification to CQC when required. This information was used to monitor the safety of the service and track any trends with the events.

There was one on-going safeguarding concern which the registered manager was working with the local authority to progress and resolve. The registered manager had prepared a report for the local safeguarding adults team which detailed a history of those people involved, previous incidents and the actions taken by the staff to protect people. We reviewed three other incidents which had occurred since our last visit and saw they had been investigated and dealt with appropriately. We found staff to be knowledgeable about potential safeguarding issues and their training was up to date. The local authority contract monitoring team confirmed the registered manager had followed procedures as required.

At our last inspection we found that whilst some improvements had been made to tighten the safety of recruitment, there were still aspects of the process which were not entirely robust. At this inspection we re-looked at one record to check whether action had been taken to address the issues we had previously identified. We saw further evidence had been sought in relation to verifying an employee's identity. We also saw a new full enhanced DBS check had been received. The Disclosure and Barring Service (DBS) check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role for which they are to be employed. The registered manager told us she had undertaken a full review of staff records and gathered further evidence to support recruitment decisions where gaps were identified. She had also introduced a checklist for recruitment which we saw was followed when new employees had applied for a position. We looked at one record of an employee who had been recruited since our last inspection and found these records to be appropriate and robust.

The improvements which had been made to the premises were still in place. The electricity, gas and water utilities had been tested as necessary and the registered manager monitored renewal dates. The maintenance workers continued to ensure repairs were addressed in a timely manner and conducted regular safety checks around the building. We saw equipment in place was in good working order and had been serviced. The maintenance workers carried out regular tests of the emergency lighting and fire safety equipment. Practice fire drill evacuations of the building had taken place.

Personal emergency evacuation plans were in place and had been recently reviewed. These are plans which described what support each person would need if an emergency evacuation of the premises was required. They included how many staff people would need support from and what equipment may be essential. Most people who used the service could leave the service independently. Some people required verbal prompts and encouragement, while others needed mobility aids.

The premises continued to be extremely clean and tidy. We were invited to look in some people's bedrooms and saw the improvements made at the last inspection had been sustained. Staff were fully aware of the high standards of cleanliness and hygiene which the registered manager expected and they took responsibility for the cleaning of bedrooms and communal areas. Best practice guidelines in relation to infection control were followed such as degradable bags being used for soiled laundry and colour coded mops, buckets and cloths. Staff wore a uniform to protect their clothing and used other personal protective equipment such as disposable gloves and aprons, which help reduce the risk of infection and cross contamination.

Medicines continued to be managed safely. A patient information chart had been supplied by the local pharmacy for staff to use within care plans. A photo of the person and a thorough description of each medicine along with the dosage and administration times were contained in medicine care plans. The registered manager and a support worker checked medicine records during handover and a weekly and monthly audit took place.

We reviewed medicine administration records (MARs) and saw these had been completed to a satisfactory standard. Additional medicines such as antibiotics had been added to MARs and then removed following the completion of a course. We saw PRN medicines were managed well and documented when offered and refused and the reasons why. PRN medicines are medicines which are only used 'when required' such as for pain relief. We noted some gaps in the signatures on MARs, however, when the registered manager checked these gaps, they corresponded with PRN meds which had been refused. The registered manager told us she would instruct staff to use a code to direct the reader to a further explanation. A code such as 'R' for 'refused' was used on MARs and additional information was written in care plans to explain the use of the code.

Good

Is the service effective?

Our findings

At our last comprehensive inspection in January 2016, this aspect of the service was rated 'Good' and it remained good at this inspection.

Staff told us they continued to have access to refresher training specific to their role. All staff had or where working towards qualifications in health and social care at diploma levels two or three. The registered manager told us any new starters without care experience would undertake the Care Certificate. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective, compassionate care. Records confirmed staff had received up to date training in topics which the provider deemed mandatory, such as moving and handling, medicine management and food hygiene. Some staff had also completed additional training in mental health awareness and autism. Staff were supported by the registered manager through supervision, observation of practice and an annual appraisal to understand their roles and responsibilities, develop their skills and knowledge and improve their practices.

The Mental Capacity Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the registered managed and registered provider continued to work within the principals of the MCA and found they did. The registered manager confirmed that nobody who currently used the service was subjected to a DoLS which restricted their liberty; however, one person was physically unable to leave the building without staff support. We saw this person was supported to attend activities and appointments in the community as necessary. Assessments of two people's capacity were in the process of being undertaken by local authority care managers. Decisions made in peoples best interests had been made appropriately and in line with MCA principals.

Staff had considered people's varying levels of understanding when they devised care plans. Staff ensured they presented information to people in a way they could understand to ensure an effective outcome. People had given their consent to the care and treatment they received. An external professional told us, "I have found (registered manager) very proactive with (person and person) considering positive options for them and managing risks between them with their consent." People had consented to the use of photography within care records and in some cases people had DNACPR (Do Not Attempt Cardiovascular Pulmonary Resuscitation) orders in place.

People continued to be supported to maintain a healthy and nutritious diet. People were complimentary about the meals. One person told us, "The food is amazing! I can't believe what we get." We saw staff

prepared and served a variety of meals. People chose from a menu which they had all been involved in devising, or they had an alternative meal of their choice such as soup, sandwiches or salads. The meals looked and smelt appetising. We saw staff encouraged snacks and additional drinks throughout the day.

Care records showed that staff supported people to access external health and social care services. Staff reminded people about appointments with their GP and nurse. Care records demonstrated that people regularly saw a GP, podiatrist, consultant and optician. One person told us the staff had supported them to stop drinking alcohol by liaising with a specialist community service and encouraging participation. They told us, "I've stopped drinking [alcohol]; I couldn't have done it without them (staff). They've been so supportive." An external professional told us, "She (registered manager) has been proactive in seeking information regarding the service users and historic issues and seeking support from GP and other relevant professionals."

Good

Is the service caring?

Our findings

This aspect of the service was rated good at our last comprehensive inspection in January 2016 and it remained unchanged. There had been a turnover of staff within the last 12 months and there had been a number of changes within the service for people to adapt to.

These changes had produced a positive effect on the people who used the service. One person told us, "This is my home, it's so homely now, its fab!" They added, "They (staff) make you feel so comfortable, the staff are so caring." A relative confirmed they were also much happier with the service.

The registered manager told us, "I want people to feel at home, not in a home." It was apparent from the atmosphere in the home and the conversations we had with people, they were happy living at Melrose House and the improvements had made it a better place to live. One person told us, "I've had a great Christmas, everyone has, everyone loves it now. They've (staff) helped me so much, I've actually got savings, it's never been known. They helped me buy presents for my family and I've even been on holiday." People and staff told us about Christmas day. The staff had arranged lots of activities and everyone chose to have their Christmas lunch at the service. The registered manager devised a 'special holiday menu' and set the table with festive crockery and accessories. She also organised 'secret Santa' present swapping to ensure everyone enjoyed the day.

Staff displayed kind and caring attitudes and there was a lot of laughter throughout the home. We saw many positive interactions between people and staff, where they shared a joke. The registered manager was very approachable and involved in care delivery. We saw people regularly came to her office to speak with her and tell her about their day. One person told us, "(Registered manager) is marvellous." An external professional told us, "I have worked with two people in Melrose House since (registered manager) took over, and have always found her to be caring and dedicated."

Newly drafted care plans focussed on people as individuals. They contained information about people's background, life history, childhood, work, family, marriage, leisure and holidays. People and relatives had been involved in providing this information which ensured staff could get to know people. Some people had set themselves goals and the staff had supported them to achieve these. People had also been asked to sign the records to agree the information was correct.

Staff were knowledgeable about the needs of each individual person and could describe these to us. It was obvious the staff knew people well. A member of staff said, "I love my job, I love spending time with them (people)." The registered manager told us, "We try to get all the jobs done in the morning, then after lunch we can spend all afternoon with people." We observed staff sat with people to complete crosswords or helped them to paint their nails. We saw people were involved in all aspects of the service including, completing chores, choosing and preparing meals and arranging activities.

Discussions with the registered manager revealed that some people who used the service had particular diverse needs in respect of some of the seven protected characteristics of the Equality Act 2010; age,

disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that people who used the service were discriminated against and no one told us anything to contradict this. Care records showed positive care plans were drafted to ensure people's needs were met in a way which reflected their individuality and identity.

Staff spoke to people respectfully and ensured their privacy and dignity was maintained. We saw that when staff assisted people with personal care, doors were closed and blinds/curtains drawn. People had personalised their bedrooms and could have a key for their bedroom door if they wished. They were free to come and go as they liked and some preferred the privacy of their own room to communal areas. The registered manager told us she planned to change one spare room in the house into a 'reflection room' where people could go to be calm or have some space and time away from others. An external professional told us, "(Registered manager) has encouraged residents to personalise their rooms so that Melrose feels like home, which is a positive."

On occasion, the staff acted as an advocate for people if it was felt that people needed this additional support. Some people also had relatives and/or an independent advocate to support them in decision making and to ensure their voices were heard.

Good

Is the service responsive?

Our findings

At our last comprehensive inspection in January 2016 we found the service was not always responsive. This was because care records were not accurate and did not reflect individual people's needs and the risks they faced in their daily lives. Care plans were not always person-centred and there was a lack of care needs assessments. At a focussed inspection in July 2016 we saw some improvements had been made. At that focussed inspection we recommended the provider sought further advice and guidance from a reputable source to further improve their care records.

At this inspection we found the registered manager had linked up with another registered manager from a similar local service who had provided some best practice guidance around person-centred care planning. The registered manager had been able to look at some anonymised care records to get ideas about what information was needed and how to structure this.

All of the care records we looked at had been re-written since our last visit and were regularly reviewed. The provider had invested in a new electronic care recording system. Care records had been printed from the electronic system in January 2017 to enable staff to have easy access to the most current information when supporting people. The registered manager was in the process of inputting all of the information into the electronic care recording system. We were able to review some electronic records which had already been completed. Staff also had access to the electronic system and were inputting daily notes and recording handover information in this way. The registered manager had contacted external organisations who funded people's care and received some assessments from local authority care management teams to support the information they held about people. A local authority care manager told us, "The paperwork is more detailed and up to date, as far as I have seen."

A keyworker system was in operation where individual support staff were allocated responsibility to review particular people's care at intermittent intervals or when their needs changed, and to update their care records accordingly. The work which the registered manager had commenced at our last inspection regarding key workers had improved the records. Support staff made detailed and thorough entries in people's care records which included incidents, reviews and daily notes.

The registered manager had implemented daily wellbeing checks for each person at our last inspection and these continued to be carried out. Whilst assisting people with their medicines, staff made sure people were happy, content and comfortable. The staff asked questions about people's health and well-being and checked for any concerns, responding to anything raised promptly. This was also used as an opportunity to remind people of their daily appointments, activities and to give out any personal money they requested. An external professional told us, "(Registered manager) is doing a great job, and it's working well for the residents of Melrose."

We observed one of the two daily handover meetings. A handover sheet was maintained throughout the shift by staff on duty and then inputted onto the electronic records by either a senior support worker or the registered manager before the end of the shift. The information contained a daily work schedule where

support staff documented the tasks they had completed. Daily safety checks, a daily audit of medicines and a check of personal money was recorded and signed for by staff on duty. Information about each person was discussed to ensure actions were followed up and all staff understood the tasks they had been delegated and what they were responsible for during their shift.

People enjoyed the activities organised within the service, however, the majority of people managed their own time. Everyone was free to come and go as they wished. The registered manager preferred people to be home by 11pm and/or visitors to leave by that time, however, this was flexible with prior arrangement. People were happy with this arrangement as they understood it was for their own safety, the safety of others and the security of the building.

Staff organised a variety of activities which were meaningful to people and reflected the hobbies which people had expressed an interest in. Parties, theme nights and celebrations still took place and relatives had become more involved. A relative told us they visited a lot more now. The registered manager told us, estranged relatives had made contact with people following letters of engagement she had sent them which had encouraged them to visit their relations again. One person's relative had recently started to make frequent visits for a cup of tea after not visiting for years. This had made the person very happy. An external professional confirmed this. They told us, "(Registered manager) is very proactive in keeping me up to date with what is going on and she has made contact with my service users brother whom she has not seen for some time."

There continued to be no complaints about the service. The manager showed us the complaints register and we saw no further entries had been made. All of the people we spoke with commended the registered manager for making the service a nicer place to live. The external professionals we spoke with raised no concerns about the service delivered or the registered manager herself. One professional told us, "She (registered manager) has gone above and beyond with the two gentlemen I have worked with to ensure their safety and happiness."

Good

Is the service well-led?

Our findings

At our last comprehensive inspection we identified a breach of Regulation 17 which related to a lack of governance at the service and found the systems in place at that time were not effective enough to ensure people received safe, high quality care. At our focussed inspection in July 2016, we found the service had made significant improvements in this area and compliance was met.

At the time of this inspection the registered manager had been in post for 11 months and had been registered with the Care Quality Commission to manage the carrying on of the regulated activity since June 2016. This meant she had accepted legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Prior to this inspection we checked our records to ascertain whether statutory notifications were being submitted. In line with her legal responsibilities, the registered manager had sent notifications to the Commission about incidents which had occurred at the home, such as safeguarding concerns and incidents which involved the police. The local authority confirmed they had also been informed as necessary about events and incidents that had happened at the service.

The provider had displayed their previous CQC performance ratings at the service in line with legal requirements. This meant people and visitors had been made aware of the performance of the service.

People could not have spoken more highly of the registered manager. They made comments such as, "Fabulous", "Marvellous", "She's great", "She's done so much for us" and "I love her" to describe how they felt about her. Staff told us they were aware of her high expectations and were happy to work at this level. They told us morale amongst the staff team was good and they enjoyed their jobs. External professionals told us, "She (the registered manager) is always welcoming and professional when I have worked with her, and has welcomed me back to drop in any time I am passing by", "I have been involved with service users with the past two managers also and there has been a big improvement in the quality of the staff employed and the support they are providing" and "(Registered manager) is open to suggestions from professionals and will take issues forward."

Effective communication systems were in place throughout the service. Staff meetings continued to focus on the safety of the premises, cleaning and infection control. The registered manager was keen for staff to be included with the development of the service and we saw staff had the opportunity to share ideas.

'House meetings' were carried out to ensure that people who used the service were involved in operational decisions. Surveys had been carried out to obtain staff, people and relative feedback. There were some minor issues raised which had been promptly addressed.

The positive impact that the registered manager had on the service, which we recognised at our last inspection, continued to benefit the people who used the service. It was evident that the initial improvements made at the service had been sustained and the new practices introduced had become

entrenched in care delivery and the everyday management of the service.

Formal audits which were in place at the time of our last inspection continued to be conducted and analysed, such as infection control audits and medicine audits. The provider visited the service to carry out their own audit in order to have oversight of the service. We spoke with the registered provider who told us they continued to enjoy a good working relationship with the registered manager and that they completely trusted them to do a good job. Action plans which had been drafted by the provider and registered manager after our comprehensive inspection in January 2016 to ensure issues were addressed, had been met. We were reassured that the improvements made to address the safety and quality of the service had been maintained.