

Medicrest Limited

# Acorn House - Croydon

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Acorn House – Croydon is a residential care home which can support up to 31 people in one adapted building. At the time of this inspection, the service was providing personal care to 16 people. This service is located next door to Acorn Lodge – Croydon, a residential care home which is managed by the same provider. As a result, staff often work across both services.

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

The quality and safety of the service had improved for people since our last inspection. The provider had made sure people's needs were assessed prior to them using the service to help plan the care and support they needed. People's records were now accurate, current and contained detailed information about them and their care and support needs to help staff deliver personalised care. Senior staff reviewed the care and support provided to people to make sure it continued to meet their needs.

Staff recorded better information about people to help senior staff check for any potential issues with their health and wellbeing. Staff supported people stay healthy and well. They helped people to eat and drink enough to meet their needs and to take their prescribed medicines. Extra help was sought for people if they needed this, for example, when they became unwell. Recommendations from healthcare professionals were acted on so that people received the relevant care and support they needed in relation to their healthcare needs.

Staff were more caring and attentive to people and people told us their needs were met by staff. Staff supported people to maintain their dignity, privacy and independence. 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. Activities at the service had improved and people were more stimulated and engaged. The provider was continuing to look at further ways to improve this aspect of the service for people.

Improvements had been made to recruitment practices to reduce the risk of people being supported by unsuitable staff. There were adequate numbers of staff to support people. People said they were safe. Staff knew how to safeguard people from abuse and how to manage identified risks to people to reduce the risk of injury and harm to them. Regular health and safety checks of the premises and equipment were undertaken to make sure they were safe.

Staff followed current practice when providing personal care and when preparing and handling food which reduced hygiene risks. Cleanliness and hygiene around the premises had improved since our last inspection and communal areas and people's rooms were clean and tidy and free from odours. Some parts of the premises had been redecorated and there were a range of comfortable spaces for people to spend time in.

Staff received training to help them meet the range of people's needs. The provider had identified that staff

were not receiving regular supervision. All staff were scheduled to have a supervision meeting following this inspection. However, staff had opportunities to discuss their working practices at monthly team meetings. Senior staff used these meetings to make sure staff were clear about their responsibilities for providing high quality care and support to people.

People were comfortable raising concerns and making complaints when needed. The provider had improved the way complaints were handled to check these were dealt with in an appropriate way. Events and incidents were fully investigated and the provider kept people involved and informed of the outcome. Learning from investigations was acted on and shared with staff to help them improve the quality and safety of the support they provided. However, some decisions made by the provider in response to events and incidents did not always sufficiently protect the safety and wellbeing of people at the service. The provider was taking action to ensure future decisions would be focussed on keeping people safe from risks at all times.

The provider was now using their governance system effectively to monitor the quality and safety of the service. There were regular audits and checks of key aspects of the service and prompt action was taken to address any issues identified through these checks.

People, relatives and staff were encouraged to give feedback about how the service could further improve. The provider worked with other agencies to make improvements. They acted on recommendations made by others to improve the quality and safety of the service for people.

The service had not had a registered manager in post since May 2018. The provider had just appointed a manager for the service immediately prior to this inspection. As a result, it was too early to judge the effectiveness and consistency of their leadership of the service. However, the deputy manager had taken responsibility for ensuring all the necessary actions were taken to meet the breaches of legal requirements found at the last inspection.

Although the provider had acted to make improvements, it was too early to judge whether these could be maintained continuously over time. Many of the positive changes and improvements we found had been made in the months prior to our inspection which meant there was not enough evidence of consistent good practice over time.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

# Acorn House - Croydon

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two inspectors, an assistant inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type:

Acorn House - Croydon 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.

A new manager was appointed in September 2019 and they were intending to submit an application to CQC to become the registered manager for the service. The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and one relative about their experiences of the care and support provided. We also spoke with a visiting healthcare professional who gave us feedback about the service.

We spoke with the senior staff team which comprised the new manager, the deputy manager, the manager from the sister service next door, Acorn Lodge - Croydon, who had been supporting this service, the accounts manager and the director. We also spoke with three care support workers, an activities coordinator, the chef, one kitchen assistant, one domestic assistant and one of the staff responsible for maintenance at the service.

We reviewed a range of records. This included four people's care records, medicines administration records (MARs), five staff recruitment files, training and supervision information and other records relating to the management of the service.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we found the provider was not following safe recruitment practices to check staff were suitable to work at the service. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- The provider had improved the quality of checks they made on the information provided by staff in support of their application to work. This included checking for gaps and discrepancies in staff's employment history, the authenticity of references supplied and undertaking criminal records checks before staff started work. These checks helped to ensure only suitable staff were employed to support people.
- People said there were enough staff to support them. One person told us, "Yes, I think there are enough staff." Another person said, "Seems to be enough staff... response to calls for help is usually quite quick."
- During our inspection we saw staff were always at hand and attentive to people's needs. Call bells were answered promptly which meant people in their rooms did not have to wait long for staff to respond to their requests for assistance.

### Preventing and controlling infection

- Since our last inspection the provider had taken action to improve the level of cleanliness and hygiene around the premises. One person told us, "It's usually quite clean." Another person said, "No complaints about the cleanliness...they service my room well".
- We observed people's bedrooms and communal areas were clean, tidy and free from odours.
- Staff followed current guidance to reduce infection risks associated with poor cleanliness and hygiene and when preparing, serving and storing food. They had access to cleaning supplies, materials and equipment to help them do this.
- Hand sanitisers, soap and drying facilities were readily available around the premises for people, visitors and staff to use. This helped to reduce the risk of the spread of infection.
- Senior staff told us further improvements were planned to help keep the premises clean and hygienic. New armchairs were being purchased for the main lounge and the carpet in there was being replaced with new flooring.

### Learning lessons when things go wrong

- Since our last inspection the provider had improved accident and incident reporting at the service.

- Events and incidents involving people were now properly recorded by staff. Senior staff took appropriate action to investigate events and incidents. They shared any learning from investigations with staff to help them improve the quality and safety of the support they provided.
- Senior staff said they were learning from events and incidents to reduce potential future safety risks to people. They told us in response to findings from a recent safeguarding investigation, the provider was actively recruiting a dedicated night manager to work across this service and the sister service next door, Acorn Lodge – Croydon. They told us this appointment would provide additional support to staff working at night, particularly when supporting people in emergency situations, to make timely and appropriate decisions.

#### Assessing risk, safety monitoring and management

- People's records contained detailed information about risks to their health, safety and wellbeing. There were plans for staff to follow on how to manage identified risks, and to keep people safe from harm or injury.
- Senior staff reviewed information about people monthly to check that plans to reduce identified risks were effective and for any new issues or concerns about a person's health, safety and wellbeing.
- Staff had been trained to deal with emergency situations and events to reduce the risk of harm to people and to themselves.
- The provider undertook regular health and safety checks of the premises. Safety systems and equipment were regularly serviced to make sure these remained in good order and safe for use.
- At the time of this inspection the provider was improving fire safety in the premises following recent recommendations made by an external fire safety specialist.

#### Systems and processes to safeguard people from the risk of abuse

- People said they were safe the service. One person said, "Yes, I've felt very safe here...there's been no mishandling by staff." Another person told us, "Yes, I'm safe. It's alright here."
- Staff received training in how to safeguard people from abuse. They understood how to recognise signs that might indicate a person was at risk of abuse and who to report their concerns to, about this.
- When safeguarding concerns about people had been raised, the provider assisted the local authority with their enquiries and investigations. This helped the local authority identify any actions needed to ensure people's ongoing safety.

#### Using medicines safely

- People were supported to take their prescribed medicines when needed. One person told us, "I do get my medication when I expect to have it...they (staff) check I take it."
- People's records contained a current picture of them, information about their medicines and how they should be supported with these. This helped to reduce the risk of staff making a mistake when supporting people with their medicines.
- Our checks of stocks and balances of medicines and records showed people consistently received the medicines prescribed to them. Medicines were stored safely and securely.
- Staff had been trained to manage and administer medicines. The provider regularly reviewed staff's working practices in relation to medicines. This helped them make sure staff were managing and administering medicines safely.



# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found people's needs were not always assessed when they started to use the service, so staff may not know how to support them in a safe and appropriate way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- We looked at the care records of people that had started using the service since our last inspection. These showed assessments had been carried out with them and their representatives prior to them using the service. Assessments took account of people's medical history, current healthcare conditions, their care needs and the outcomes they wished to achieve from the support provided. This helped the provider obtain the information they needed to plan and deliver the care and support people required.
- Information from these assessments was used to develop individualised care plans for people which set out in detail the support they needed from staff. This included information about their choices about how, when and from whom care and support was provided. This helped to ensure people received care that was relevant and appropriate to their needs and wishes.

Staff support: induction, training, skills and experience

- People said staff were well trained and knew how to look after them. One person said, "Staff are good at their jobs."
- Staff received relevant training to help them meet the range of people's needs. They understood how people's needs should be met, to help them achieve positive outcomes in relation to their health and wellbeing.
- At our last inspection we found there was no system in place to check that staff supervision (one to one meetings) took place at regular intervals. At this inspection we found the provider had taken action to improve this. They had implemented a monitoring system along with a new monthly audit for senior staff to check these were taking place.
- We found staff had not been having supervision at regular intervals. This issue had already been picked up by senior staff through their monthly audits prior to this inspection and action was being taken to improve this. All staff were scheduled to have a supervision meeting following this inspection.

- Senior staff told us there was some confusion about how often supervision should take place which meant these had not been happening frequently. They told us the provider's supervision policy was being reviewed and updated to make sure in future this was followed consistently.
- Notwithstanding the lack of regular supervision, staff had monthly opportunities to meet with senior staff at team meetings to discuss their working practices and any issues and concerns they had about their role.

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

- People were able to see healthcare professionals when they needed to. One person said, "I have been unwell and they did get the doctor in." Another person told us, "The doctor comes in and even the nurse if you need it."
- People's records contained current information about the support they needed from staff to manage their health and medical conditions. Staff worked well with healthcare professionals involved in people's care. They followed their recommendations to help people achieve effective outcomes in relation to their health and wellbeing.
- At our last inspection we found some of the arrangements the provider had in place to support people with their health needs were not fully effective. At this inspection we found the provider had taken action to improve this. Staff now recorded any significant changes noted in people's weights and raised this promptly with senior staff. We saw when concerns had been raised, specialist help and support had been obtained for people.
- When people needed to go to hospital, staff sent information with them about their current health, existing medical conditions and their medicines. This helped inform ambulance and hospital staff about the person and their needs when they had to make decisions about the person's treatment.

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

- One person said, "I'm very happy with my room and I have my own bathroom." Another person told us, "I have a nice room with a bed in it." Senior staff told us work was continuing to personalise people's bedrooms so that they reflected their choices for how these were furnished and decorated.
- Since our last inspection the provider had continued to make improvements to the premises. Hallways had been redecorated and the main communal lounge was now furnished with pictures and items which made it more homely and inviting for people to spend time in.

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

- One person told us, "Meals are okay. We can choose and we get what we want. We can have tea or coffee, but we can have juice if we want." Another person said, "The food's quite good. Plenty to drink."
- People were offered choice and different options at mealtimes. The chef understood people's individual dietary needs including their specific likes and dislikes, food allergies and specialist dietary needs due to their healthcare, cultural or religious needs. The chef took this information into account when planning and preparing meals.
- We observed the lunchtime meal and saw staff encouraged people to eat their meals and checked that people ate enough. Staff also made sure people had access to drinks throughout the day to help them to stay well hydrated.
- Staff recorded what people ate and drank. They used this information along with other health checks to look for any issues that people might be having with eating and drinking. Specialist advice and support was sought from healthcare professionals when people needed extra help to eat and drink so that staff could make sure they had enough to meet their needs.

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

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.

- The provider had arrangements in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. Where people lacked capacity to make specific decisions, the provider involved people's representatives and healthcare professionals, to make sure decisions were made in people's best interests.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Senior staff reviewed authorisations once a month to check they were still appropriate.

# 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.

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence

At our last inspection we found the provider had not taken enough action to address a breach in legal requirements identified at a previous inspection in April 2018. We found people were not being supported to maintain their dignity. Staff did not notice people were not always clean and appropriately dressed. Staff did not always speak to people when supporting them. This was a continuing breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People praised staff for being caring, helpful and attentive to their needs. One person told us, "All the staff on all shifts are good and kind. Staff are nice to me." Another person said, "I've no problems with the staff. They are all very friendly."
- We saw interactions between people and staff had improved. Staff were kind, addressed people by their preferred name and took time to chat with people throughout the day. In conversations they gave people time to speak and listened to what they had to say. Staff encouraged people to make decisions about what they wished to do and respected people's choices about this. They asked people for their permission before providing any support.
- Staff gave people the space they needed to spend time alone if they wished. When one person seated in the communal lounge asked to go back to their bedroom, staff supported them to do this immediately.
- People were dressed in neat and appropriate clothes for the time of year. People's appearance looked clean, tidy and well kempt. People told us they had no issues with the laundry service and their clothes did not go missing.
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were noted in their care records so that staff had access to information about how to support people with these. For example, where people had specific needs in relation to their religious beliefs, staff were given guidance about how to support people to practice and celebrate their faith. The provider arranged for religious leaders to visit and deliver services for people that wanted this.
- People were supported to be as independent as they could be. Staff prompted people to do as much for themselves for example when washing and dressing or when eating meals. People who were able to, moved freely around the premises and encouraged by staff to do so.

- People's records were stored securely so that information about them was kept private and confidential.

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

- People were involved by staff to make decisions about their care. Prior to using the service, people were asked about the level of care and support they would need from staff and how they would like this provided. People's views about this were used to inform their care plans.
- Once people started using the service staff involved them in monthly reviews of their care and support needs to check this continued to meet their preferences and choices. This ensured the care and support people received remained personalised and tailored to their needs.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection we found the provider had not taken enough action to address a breach in legal requirements identified at a previous inspection in April 2018. Accurate, complete and contemporaneous records were still not being maintained about people's daily care and support needs. This was a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found when people's needs changed, reviews of their care were not done in a timely manner to check for any changes needed to the level of support they required. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvement had been made and the provider was no longer in breach of the above regulations.

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

- People told us they received the care and support they needed from staff. One person said, "I do believe I get the care I need."
- The quality of information maintained about people and their needs had improved. After our last inspection the provider had changed the way staff recorded information about people's food and fluid intake. Now, there was a complete record for each person of what they had eaten and drank over the course of the day. This was important as this information helped staff check whether this was enough to meet each person's specific nutritional and hydration needs.
- People's care records now contained more detail and information about each person, their life history, their likes and dislikes, hobbies and interests and their preferences and choices for how care and support should be provided. This helped to ensure people received personalised care and support from staff that was responsive to their needs.
- Senior staff were now reviewing the care and support provided to people every month to check this was continuing to meet their needs. Staff were promptly informed of any changes to the support people needed when these were identified.

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

- At our last inspection we found some care staff were not supporting people to undertake activities which

stimulated and engaged them.

- Following that inspection, the provider took action to improve the provision of activities at the service. They had appointed a new activities co-ordinator to work at the sister service next door, Acorn Lodge – Croydon, which meant there was now a dedicated staff member for this service, to design and deliver activities specific to people's interests and preferences.
- We observed a number of group based and one to one activities taking place during our inspection. People appeared to enjoy these. Care staff encouraged people to take part in activities but respected their choices not to join in if they didn't want to.
- People told us a range of activities took place at the service. One person said, "There's plenty of entertainment, like music and they make a special effort for peoples' birthdays." Another person told us, "We do get out sometimes and several staff go with us."
- People described the range and quality of activities at the service as 'ok'. One person told us, "Mostly, there's enough going on." We discussed people's feedback about activities with senior staff. They told us this was an area they were continually looking to improve and at a recent 'family meeting' had asked people and relatives for their ideas and suggestions about what kind of activities they wanted to see take place in the future. Senior staff had agreed with people and relatives to purchase some new items to increase the range and quality of activities that people could take part in.
- People were encouraged to maintain relationships with the people that mattered to them. Special occasions and significant events such as birthdays, were celebrated at the service and people and their friends and relatives were encouraged to participate in these. There were no restrictions about when relatives and friends could visit the service. We saw visitors were warmly welcomed by staff.

#### Improving care quality in response to complaints or concerns

- People's feedback during this inspection indicated they had no issues or concerns about the quality of care and support provided by staff. One person said, "No complaints from me." Another person told us, "If I felt unhappy about anything, I would say and I've had no reason up till now."
- At our last inspection we found people's complaints had not always been followed up by the provider in writing. This meant we could not check if the provider had dealt with these in an appropriate way and to people's satisfaction.
- At this inspection we found senior staff responded appropriately to any concerns raised by people and/or their relatives. Formal complaints were now responded to in writing. Recent examples showed senior staff had investigated the complaint made and provided appropriate feedback to the person making the complaint.

#### 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.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.

#### End of life care and support

- People were supported to state their wishes for the support they wanted to receive at the end of their life. This was recorded in their records. This helped to ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.
- At the time of this inspection no one was receiving end of life care and support. Senior staff told us they had established relationships with the relevant healthcare professionals that would need to be involved

when this support was required for a person.



# 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 remains requires improvement. Improvements had been made since our last inspection but some aspects of service management and leadership were still 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; continuous learning and improving care

At our last inspection we found the provider had not taken enough action to address a breach in legal requirements identified at a previous inspection in April 2018. The provider's governance system was still not fully effective and as a result failed to pick up new concerns we found with the quality and safety of the service. The provider was not monitoring progress against their action plan to make required improvements. Relatives said the provider was not always open and transparent with them about management changes at the service. These issues were a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had taken action to meet breaches in legal requirements. Improvements had been made to recruitment practices, assessments of people's needs, people's care records and information recorded by staff about people's health and wellbeing. Staff were more attentive to people and their needs.
- Senior staff now used the governance system to carry out a range of audits and checks of the service and made sure prompt action was taken to address any issues identified.
- In addition to meeting legal requirements, the provider had made other improvements to the quality and safety of the service. Cleanliness and hygiene around the premises had improved and parts of the environment had been redecorated. Activities provision was better and the provider had more assurances that complaints were dealt with in an appropriate way.
- Despite the improvements made since our last inspection, it was too early to judge whether these could be maintained continuously over time. Many of the changes and improvements we saw, had been made in the months prior to our inspection which meant there was not enough evidence of consistent good practice over time. In addition, the provider had not made all the improvements that were needed in relation to supervision and were still working on this at the time of this inspection.
- The service did not have a registered manager in post. The provider is required to have one in post as a condition of their registration with CQC. The previous registered manager left the service at the end of May 2018. At our last inspection we found an acting manager, with limited previous experience, had been appointed until a permanent experienced manager could be recruited.

- Since the last inspection the provider had attempted to recruit a permanent manager for the service. They had appointed a manager for the service who started two days before this inspection. As a result, it was too early to judge the effectiveness and consistency of their leadership of the service.
- Notwithstanding the issue around the absence of a registered manager, the acting manager, who was now the deputy manager, with support from the senior staff team, had taken responsibility for ensuring all the necessary actions were taken to meet the breaches of legal requirements found at the last inspection.
- Senior staff made sure we were notified promptly of events or incidents involving people. This helped us check that appropriate action was taken to ensure the safety and welfare of people and others in these instances.
- The rating awarded from the last CQC inspection was displayed at the service. This was important as it helped inform people and others about the quality and safety of the service.

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

- People said they felt comfortable approaching senior staff if they had any queries or concerns. One person told us, "I feel I can go to the management if I wanted to." Another person said, "The management seems okay. It (the service) seems to be run well."
- Senior staff knew people well. Their interactions with people were friendly and warm and they were focussed on meeting people's needs and resolving their queries.
- At the last inspection, relatives told us the provider had not always been open and transparent with them about changes at the service. As a result, they were anxious and concerned about the quality and standard of care being provided to their family members.
- At this inspection we saw the provider had received positive feedback from relatives at the most recent 'family meeting' in August 2019. Relatives had described the recent changes and improvements at the service as 'positive' and were happy with the senior staff team in place. A relative told us, "Things are much better."
- Staff felt supported by senior staff. Monthly meetings were held with all staff to make sure they were clear about their responsibilities for providing high quality care and support to people. One staff member said, "Team meetings are for talking about the residents and what's changing for them and what we have to change and how to do things better."
- Senior staff investigated events and incidents that happened at the service and made sure people were kept involved and informed of the outcome.
- However, some decisions made by the provider in response to events and incidents did not sufficiently protect the safety and wellbeing of people at the service. The provider did not take prompt and appropriate action when concerns were raised about the suitability of a staff member to help protect people. They eventually took action but later reflected that they needed to take more prompt action in future.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were provided opportunities to have their say about the service and how it could improve. Their views were sought through 'family meetings' and regular reviews of their care and support needs. Recent suggestions for improvements made by relatives were being acted on by the provider at the time of this inspection.
- Staff's views about the service were sought through regular monthly meetings.

Working in partnership with others

- The provider worked proactively with other agencies to make improvements to the quality and safety of

the service. The local authority had undertaken a number of quality monitoring visits in the last 12 months and made recommendations to the provider about how the service could improve, which the provider had acted on.