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Leiston Old Abbey Residential Home

Inspection report

Leiston
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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

Leiston Old Abbey Residential Home provides personal care for up to 40 older people; some people are living with dementia. There were eight people living in the service when we inspected on 28 March 2017. This was an unannounced inspection.

We carried out an unannounced comprehensive inspection of this service on 29 September 2015 and rated the service as Inadequate. Breaches of legal requirements were found. These related to the safety and cleanliness of the environment, staffing levels, staff training, ensuring people's privacy and dignity, how the service met the care and welfare needs of people and governance. We undertook a further unannounced focused inspection on 18 and 22 January 2016 in response to concerns raised with us around staffing and management. We found no improvements had been made to the overall quality of the service and this had resulted in a continued poor quality of service which placed people at risk. The oversight of management was still failing. As a result of these two inspections we placed conditions on the registration of this provider, to restrict any admissions without prior written permission from CQC and requiring information and monthly reports from the provider on their governance and oversight.

We carried out a comprehensive inspection on 13 June 2016 to check that improvements had been made to provide a safe good quality service for the people living there. During the inspection we found two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, improvements had been made which were on-going and needed to be sustained over time. You can read the report from our comprehensive inspections of 29 September 2015 and 13 June 2016, and focused inspection on 18 and 22 January 2016 by selecting the 'all reports' link for 'Leiston Old Abbey Residential Home' on our website at www.cqc.org.uk

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

The quality assurance systems had improved and there were now systems in place to independently identify and address shortfalls. The registered manager had made some significant changes to the way the service was being run. Feedback received regarding the registered manager was positive. They had recognised the areas that needed improvements; this showed us that their appointment had led to a more proactive approach in managing the service. In addition the provider was using the service of an external consultant to support the management team to make improvements.

Improvements had been made in the safe management of medicines. People were being supported to take their medicines as prescribed. When needed, people were supported to see health and social care professionals to make sure they received appropriate care and treatment. There were systems in place to keep people safe; this included appropriate actions of reporting abuse. Staff were trained in safeguarding

and understood their responsibilities in keeping people safe from abuse.

Recruitment of staff was done safely and checks were undertaken on staff to ensure they were fit to care for the people using the service. Systems were in place to ensure that all staff received training, achieved qualifications in care and were regularly supervised to improve their practice.

There had been improvements in the staffing levels which were being monitored to ensure they met the needs of people using the service. The registered manager told us that they would keep the staffing levels under review along with people's changing needs and the increase of people using the service.

People and their visitors were complementary about the relaxed atmosphere of the service and welcoming, friendly staff. Staff had good relationships with people who used the service and their relatives. People were consulted on how they wanted to be supported, and different forums were used to enable them to share their views and influence change. The interactions between staff and people were caring, respectful, supported people's dignity and carried out in a respectful manner.

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

People were complementary about the quality of food which met their dietary needs and preferences. Dietary needs and nutrition were being managed and advice sought from appropriate health professionals as needed. Health care needs were met through being supported to access external health care professionals.

People felt their concerns and suggestions were listened to and acted on to drive improvements in the quality of the service they received. A complaints procedure was in place to ensure people's comments, concerns and complaints were listened to and addressed in a timely manner and used to improve the service.

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.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

The service ensured people's safety, including safe staffing numbers to meet their needs.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained to identify and meet people's care and support needs.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People had been consulted regarding their care and support needs. People's independence and autonomy and choices about how they lived their daily lives had been promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People's care was assessed and reviewed. Changes were recorded to make sure that staff were provided with the most up to date information about how people's needs were met.

People were supported to maintain links with the community and access to people who were important to them.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

Leiston Old Abbey Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 inspection took place 28 March 2017 and was undertaken by three inspectors, one was a pharmacy inspector, and an Expert by Experience. The Expect by Experience had experience of caring for older people.

Before our inspection the provider completed a Provider Information Return (PIR). This 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. We reviewed information we had received about the service such as the provider's improvement plan and notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with seven people who used the service, two relatives and social care professional. We observed the interaction between people who used the service and the staff.

We looked at records in relation to five people's care. We spoke with the provider, the registered manager and six members of staff including the deputy manager, senior care, care, maintenance, domestic and catering staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

Our inspection of 13 June 2016 found that improvements were needed to ensure that people's medicines were given as prescribed and safely. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations. The provider wrote to us and told us about the improvements they had made.

At this inspection we found improvements had been made to ensure where people were regularly refusing their medicines, action had been taken to review their medicines with their doctor and pharmacist. For people with limited mental capacity to make decisions about their own care or treatment and who refused their medicines there were records of assessments showing they lacked mental capacity and the doctor's approval to give them their medicines given to them crushed in food or drink (covertly). There was information available for staff to refer to about how and which medicines should be given to people in this way to ensure that staff gave the medicines consistently and appropriately. This supported the safety and welfare of people who were unable to understand the consequences of actions on their health and wellbeing.

The service had safe systems in place for the ordering, storing and administration of medicines. People told us they were receiving their medicines as prescribed in a safe manner. One person commented, "The senior does my pills. They [staff] watch me take them which I'm glad of in case I dropped one and couldn't pick it up." Another person told us, "The staff know when I have them. They always bring them promptly."

Records showed that staff had received training and been assessed on their competency in the safe administration of medicines. During the morning we observed part of the medicines administration round and saw that staff did this safely and appropriately. A staff member gave one person their medicines, and engaged in a caring discussion with the person about them. They stated, "Is it okay if I give you your tablets now? There are four…how do you want to take them with tea or juice?" The staff member sat with another person whilst they were taking their medicines, the person reached out and held the staff member's hand whilst they were taking them. They chatted and the staff member stayed with the person until they indicated they could go by letting go of their hand.

There were care plans in place about people's medicines. When people were prescribed medicines on a when required basis, written information was available to show staff how and when to give people these medicines. However more detail was required for medicines prescribed to be given 'when required' that were used to treat people's pain or psychological agitation to ensure they were used consistently and appropriately. The registered manager provided reassurances that the extra information would be put in place.

Our last inspection identified that improvements were needed in the systems in place for the safe recruitment of staff. This was to ensure they had sufficient information about the applicant's employment history to ensure they demonstrated the values and skills to support people safely. During this inspection we found that improvements had been made. We reviewed the recruitment records of two staff members who

had been employed since our last inspection. These held evidence that appropriate checks had been made, including character references and references from previous employers and Disclosure and Barring Service (DBS) checks to prevent unsuitable staff supporting people using the service.

Satisfaction questionnaires completed by six people using the service in March 2017 said that they were very satisfied and satisfied with the availability of staff. People told us there were enough staff to meet their needs, but at busy sometimes staff appeared rushed. One person told us told us when they rang their call bell, "Staff do come pretty quick. I feel they [provider] could do with a couple more staff. The [staff] get a bit rushed in the mornings when they're trying to get everyone up." Another person remarked, "The staff don't think there are enough of them, but as far as I'm concerned, I'm looked after very well." Another person said, "There's always someone [staff] about."

At the time of our inspection there were eight people living in the service. The manager told us, confirmed by records, the care staffing levels had been set at one senior carer and two carers during the day, and two carers at night. In addition there were domestic, catering, maintenance staff and management included in the rota. There were three occasions in the last month where there were two care staff during day shifts. The registered manager told us that these were due to short notice absence of staff and the deficit was covered by members of the management team or other staff, who were trained and experienced in care. They said they would be keeping the staffing levels under review to ensure they met people's needs and when more people moved into the service.

People told us they felt safe living in the service. One person said, "I feel very safe, it's all good. It's the way the carers handle you that makes you feel safe… if I am worried about anything I'd speak to the manager." Another person told us, "I trust the people; they [staff] are all very nice. I also feel safe with the security around the place, lockable windows, radiators shrouded, it's very good."

Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. Where a safeguarding concern or incident had happened, the service had taken action to report this to the appropriate organisations who had responsibility for investigating any safeguarding issues. The service had taken action to reduce the risks of future incidents, such as disciplinary action.

People spoke of the aids they used to support their safety. One person showed us, "The really long lead," they had on their call bell, "So I can have it over here by my chair and when I'm in bed it hangs close by so I can grab it." A relative remarked, "There's been no problem with health and safety," since the person moved in.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility, pressure ulcers and falls. The risk assessments were reviewed and updated. Where required, advice and referrals made to appropriate health professionals to reduce risk and support people's well-being, including the falls team.

Environmental risk assessments were in place which identified how the risks in the service were minimised. These included risks associated with fire, legionella, asbestos, working from heights and when maintenance work was being completed. Where unoccupied rooms were being used as storage of items, or not safe to enter, these had been locked and or sealed off. The registered manager confirmed that they had 20 beds fit for use, and others would be refurbished and ready for use, as their occupancy levels increased. Records showed that there were systems in place to reduce the risks of legionella bacteria in the water system. This included temperature checks, flushing of unused outlets and descaling of shower heads.

Good

Is the service effective?

Our findings

During our inspection of 13 June 2016, we found improvements had been made in staff training, which was on-going. During this inspection we found that further improvements had been made and there were systems in place to ensure that staff were provided with training and support and the opportunity to achieve qualifications relevant to their role.

People told us that staff had the skills and knowledge to support their care needs. One person told us, "They're [staff] trained very well and know what I need." Another said that, "Staff are very good when they help me…they know how to look after me." A relative spoke about the support staff gave a person with their medical appliance, and had been able to adapt when changes had been made to the appliance, "Keep [person] comfortable… I can't fault the staff."

On the day of our inspection a group of care staff attended a report writing workshop with a staff member from the local authority. Following this we saw the registered manager receive feedback from the trainer who provided suggestions to support on-going improvements. Records showed that further workshops were planned in safeguarding and Deprivation of Liberty Safeguards (DoLS). The registered manager also spent time with a health professional discussing the possibility of delivering end of life training to the staff, including bereavement, how they could enhance people's end of life care and support relatives and staff. The health professional was receptive to the registered manager's request and agreed that they would send in the costs of this training. This showed that the registered manager had identified training needs for staff and had taken action to source it.

Training certificates showed that staff had received training in areas such as moving and handling, first aid, safeguarding, food hygiene, dementia, medicines and supporting people who display behaviours that may challenge others. New staff were provided with an induction course and with the opportunity to undertake the care certificate. This is a recognised set of standards that staff should be working to. This showed that the service had kept up to date with changes in the staff induction process and took action to implement them. We saw the records of one staff member's care certificate, which showed that they were supported in meetings by the registered manager through their induction period.

Staff meeting minutes showed that they discussed their learning styles and preferences. The registered manager advised the staff team that group training could be arranged as well as the on line training provided. A staff member spoke about the benefits of attending one to one meetings enabling them to, "Ask questions," about work practices and their individual learning. Records showed that staff were provided with regular one to one supervision meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. They provided examples of where they had made applications in a person's best interest, and the use of advocates to ensure the person's voice was heard. They understood when applications should be made to ensure that any restrictions on people were lawful. Staff had received training in MCA and DoLS.

A person told us that they never felt restricted, "I do what I want. They [staff] always check what they're doing with me," seeking their consent first. This was our observation, staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Care records identified people's capacity to make their own decisions and included documents which had been signed by people to consent to their care identified in their care plan, to be photographed and to be supported with their medicines by staff.

People told us they were given enough to eat and drink. One person told us, "The food's very good…They ask you what you want for lunch in the morning." They also said how staff gave them a packed lunch when attending regular hospital therapy to ensure they didn't get hungry, and, "My dinner was waiting when I got back, can't fault them." Another person spoke about the choices and the availability of snacks, "I sometimes have a cooked breakfast… you can have cereal and toast of course…if you want a snack you can ask for a sandwich, some cake or fruit."

Satisfaction questionnaires completed by six people using the service in March 2017 said that they were very satisfied and satisfied with the quality, amount, choice of food provided and their meal time experience. We saw that people's choices were respected in what they wanted to eat. One person said, "If there something I don't like [staff] always give me the choice of something else." People's care recorded included information about what people had told staff that they liked to eat and drink. One person had told staff how they liked to have regular pots of tea and their care plan guided staff to ensure that they were given this regularly to meet with their requirements and usual routines.

A relative told us how the catering staff were aware of the person's intolerances, and where required, ordered specialist products. People's records showed that people's dietary needs were assessed. Where issues had been identified, such as weight loss, guidance and support was sought from health professionals, including a dietician and the speech and language team, and their advice was acted upon to ensure that people were protected from risks associated with malnutrition. Throughout the inspection we saw that people were being offered hot drinks and had access to cold drinks. People were also offered fresh fruit, cakes and biscuits as snacks.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person told us, "The GP comes in regularly. If you need a doctor, the staff call them [surgery] straight away." They also spoke about the visiting optician who was, "Very good," and the chiropodist who visited, "Regularly." Another person told us about the staff's, "Quick action," had led to them getting

medicines to deal with an infection on the same day they had reported the symptoms to staff. This had enabled the situation to be resolved and the person commented, "It's almost cleared up now." Records showed that people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Good

Is the service caring?

Our findings

Our inspection of 13 June 2016 found that there were inconsistencies with concerns being reported to us about the routines of the service and their approach to some people's care not being as caring or centred on the person as it could be. The registered manager told us they were actively working to remove these inconsistencies by working with people, staff, relatives and others to ensure care was always provided in the right way. During this inspection we found that improvements had been made.

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff talked about people in a caring and respectful way. A relative confirmed what we had seen as usual practice, as they found staff to be, "Always and consistently so."

People described staff as being caring and kind. One person said that staff, "Can't do enough for you. They listen…and are very kind and caring. The staff are 'on my line'. I can talk to them and they can talk to me." This was further demonstrated through the meaningful conversations we heard people having with staff. Another person told us, "I get on with them all…Sometimes I want to have a good moan and they're very good at listening to me." A relative said, "I always feel welcome and am offered a drink and biscuits."

One person spoke about a staff member that they got on especially well with, "I like [staff name] for being so helpful and being easy to talk with."

All of the satisfaction questionnaires completed by six people using the service in March 2017 said that they were very satisfied with the attitude of staff.

Staff were patient and caring when supporting people. For example one staff member was walking alongside a person who was using a walking frame. They encouraged the person in their independence and when they were nearing to where they wanted to be the staff member asked, "Do you want me to continue walking with you, or are you okay?" The staff member left the person when they had said that they no longer needed them.

Where another person's known behaviours started to impact on the atmosphere for others sharing the communal space, the situation was dealt with in a caring, and responsive manner. This enabled the situation to be resolved before it escalated further, reducing the risk of it impacting on the welfare of others.

One person told us, "I'm independent, that's the way I like to be… The staff do check with me that I've been having baths and I have a call bell in the bathroom if I ever needed help. No-one stops me doing anything here. I get up and go to bed when I want to." Another person told us, "The staff are respectful and understand me as a person. They know I like to be here in my room mostly and that I'll buzz [use the call bell] if I need anything."

People's views, and those of their representatives where appropriate, were listened to and their views were taken into account when their care was planned and reviewed. The care records referred to people's dignity,

privacy and independence throughout. They guided staff to ensure that they asked people's preferences to ensure that how they felt on each day was considered when encouraging independence.

Staff had consulted with people to produce 'A day in my Life' summary sheet. This provided staff with an insight of their choices and usual day and night routines which supported new staff in getting to know how the person liked to spend their day. Also actions they could take to support the person to maintain their independence and well-being. For example, for one person it provided staff information that they would 'ring call bell or call out' when they were ready to get up. What toiletries staff needed to get ready, and level of assistance they wanted to wash and get dressed. Followed by the type of drinks they liked where they preferred to eat their meals, and how they liked to spend their day. Including who with, and how they liked to occupy their time until the person 'requests to go to bed'.

We observed a staff member approach a person to ask if they wanted to do a one to one activity, "What would you like to do today?" The interaction resulted in them looking through photographs together, as the person reminisced, as they spoke about who was in the photographs. This enabled staff to learn more about the person's childhood and life events, as well as triggering memories for the person, who we heard laughing and as they recalled them with staff.

A staff member discussed the importance of, "Building up a history," of the person, to gain an insight into their lives. Their aim was to start working individually with people to support them in writing a more detailed biographical account of their life, which the person could keep and refer to.

People had access to services and contact to support their spiritual / religious needs. One person told us, "The Vicar held a sing-along, which I suppose was called communal hymns, I went along, I enjoyed it." A relative mentioned that a service was held, "Every fourth Sunday," and that their relative, "Had asked to speak to the vicar." Staff told us that the local vicar had left, but the registered manager was liaising with the church to ensure the services could continue.

Good

Is the service responsive?

Our findings

People told us they received personalise care which was responsive to their needs and staff consulted them about the level of support they wanted. Where some people were actively involved in looking at their care plans, others said they were satisfied that their needs were being met and didn't see the need to. One person spoke of their involvement with their care plan, "I was involved in reviewing it, and then I signed it. My needs are covered very well by the home." Another person told us, "I don't think I need to I am well looked after."

Satisfaction questionnaires completed by six people using the service in March 2017 said that they were very satisfied and satisfied with the care they were provided with and the availability of social activities.

People's care records held comprehensive admission assessments which then were fed in to care plans. The care records included information about people's preferences and assessed needs and how they were met. They provided guidance for staff on how to meet people's diverse needs, such as their specific conditions. For example one person's care plan detailed how their condition had affected their communication. The records advised staff on methods of communicating effectively and ensuring that the person was given time to express their views.

Regular care reviews were in place, which meant that staff were provided with the most up to date guidance on how people's needs were to be met. One person's relatives told us how staff kept them updated on any changes that could impact on a person's health and welfare. They said, "The home keep me informed," and provided examples when staff had contacted them outside the usual reviews to relay any changes, including when and why they had called out a doctor.

People's daily records identified the care and support provided to people, their mood and wellbeing. Discussions with people showed that the range and access to stimulating activities had improved, more personalised, focusing on what brought well-being to that person. This was because it took into account the person's preferences around group, one to one, indoor or outdoor activities and the level of enjoyment they achieved from them. One person told us they had gone out for an Indian meal with a staff member, "Which we enjoyed. We're going to do it again soon." Another person felt there was sufficient to keep them occupied, "I don't get bored."

The service supported people to maintain links with the local community and significant people in their lives. One person told us this included accessing the local wheelchair friendly community buses, "If I want to go shopping or meet up with [their next of kin]," that a staff member would go with them. They also spoke about the 'resident outings', including cinema, visiting local areas of interest, and a trip on a boat, "It was a bit too long, seven hours, but good just the same." At the service staff, "Did a BBQ and a wine tasting, and last week we had a Vera Lynn wartime songs sing-along." If there were no outings arranged, to ensure they got fresh air, "I need fresh air…when the weather's nice the staff take me for a walk in my wheelchair," around the grounds.

We saw a staff member talking with a person about how they wanted to spend their day. They asked the person what they wanted to do and offered a range of activities that they may wish to participate in. We asked one person what they were going to be doing on the day and they said, "Someone is coming in a bit to sort us out with some activity."

The registered manager spoke about the recent training they had attended about providing meaningful activities for older people, and what they had learnt from it. They said, "The training made me realise what activities meant, all through the day." That their aim was to use the information gained to develop a culture where staff supported people to do this.

People could attend residents meetings if they chose to and the meeting minutes showed that they were asked if they had any concerns or areas in the service that needed improvement. One person described these meetings as, "Good, we can ask about anything. We talk about food. I told the manager I would prefer smoked haddock to mackerel, which is too fishy for me, and she got some in."

If people or their relatives had any concerns, they knew who to raise them with, and had confidence that they would be addressed. One person said they hadn't needed to, "There's nothing you could put your finger on to complain about." Another person told us, "Anything go wrong we see [registered manager] and she will sort it out …just go in and have a chat with her." A relative gave an example of a concern that they had raised, and how it had been dealt with to their satisfaction.

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure. People's comments were used to improve the service as part of driving continual improvements. For example, where a complainant had raised concerns that an en-suite toilet had taken too long to fix, on investigation it had been identified it had been repaired. However, a shortfall in communication had led to the water supply not being turned back on. To prevent a similar situation happening, a new maintenance recording system had been put in place. This enabled staff to record and check the process of work being carried out / completed.

Good

Is the service well-led?

Our findings

Our inspection of 29 September 2015 found the service overall to be Inadequate. Quality assurance and leadership within the service was not robust enough to independently pick up shortfalls and act on them effectively to keep people safe. Feedback was not being used to improve the service and the quality of care was poor with people's needs not being met. The provider was required to send us monthly updates to tell us how they were monitoring and driving improvements within the service. Due to further concerns being raised we inspected again on 18 and 22 January 2016. We were so concerned about the safety of people using the service we took enforcement action to restrict admitting anyone further without our permission. This gave the provider a further opportunity to improve the service without placing anyone else at risk. We shared this information with the local authority who continued to support the service. In doing so they mitigated some of the risks to people who remained at the home. We met with the provider in October 2015 and March 2016 to discuss our on-going concerns, our enforcement processes and expectations for services rated as Inadequate and placed into Special Measures.

During these meetings the provider demonstrated and acknowledged a lack of understanding about what their responsibilities were to ensure that people received high quality care. The provider has had eight managers over a period of six years. They had relied on them to run the service but had not always recognised the experience, skills and values a manager needed, provided the right support and resources, or understood the regulatory requirements expected of them as a registered provider. This resulted in a service which had not been able to sustain any improvements between inspections because they had not provided a consistently acceptable quality of care.

We undertook a further comprehensive inspection 13 June 2016. We checked to see what action the provider was taking to address this poor history and move the service forward. A new manager had started in April 2016, who is now the registered manager. They had introduced significant changes to the running of the service. This included structured training, regular supervision for all staff, environmental risk assessments, medicine procedures, cleanliness of the premises, staffing levels, and care planning. It was not possible for them to fully demonstrate the impact of these changes because of the short time they had been implemented for. There was a continued breach of regulation 17: Good governance of the Health and Social Care Act 2018 (Regulated Activities).

During this inspection of 28 March 2017 we found that the improvements made had been sustained and had been developed to ensure that people were provided with a good quality service. People were complimentary about the registered manager and improvements they had seen in the last year. A relative said, "I wouldn't hesitate," to recommend the service to others. "From a personal perception there is a high turnover of staff and I understand many of the reasons for that. But what I do know is, my [relative] is very well looked after."

The provider spoke about the enforcement action taken by the Commission had led to them developing a good oversight of what was happening in the service. They also acknowledged how in developing their knowledge, they were now able to provide constructive support to the registered manager. This had

resulted in them being able to make the required continuous improvements, and maintain them.

The registered manager told us how they networked and attended groups to reduce the isolation of managing the service. This included attending external dignity and infection control meetings, and three monthly registered managers meetings, where they learn and share good practice. "Learnt a lot, keeps my knowledge up to date, meet other managers."

The registered manager told us that they felt that they were supported by the provider and the provider's management team. They shared examples with us about how they and the provider made decisions and worked together to improve the service. For example in the provider's audits of care plans. We saw the minutes of meetings with the provider and registered manager and also meetings with the provider, registered manager and the registered manager from the other provider's service. These showed that improvements were discussed and areas of good practice were shared.

Both the registered manager and the provider discussed the improvements they had made and how they were committed to ensure that these were sustained. They understood why it was important to maintain good standards of care to ensure that people were provided with good quality care at all times.

There was an open culture in the service. One person described the atmosphere as, "Good. Very good. Relaxed and homely….we now have a very good manager [first name]. I wish they could have been the manager when I first came in here…very approachable, very good." They also told us that the, "Seniors were very good...know their jobs and get on with things." Another person's comments showed that the organisational structure was sufficient to ensure people continued to receive a good service when the registered manager was not in the building. They said, "There's no difference between weekends and evenings and daytimes. I'm well looked after and would recommend the home because I know what it's like. They [service / staff] deserve a good write up."

People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included in quality assurance questionnaires completed by people using the service, their relatives and visitors. A relative spoke about having completed them, "I've completed two or three questionnaires. They're often out on the hall table for you to fill in." They also spoke about the relative's meetings that they attended which provided a forum to share their views and be kept up to date on what was happening. They told us, "We do get letters about events, like the BBQ, that we we're invited to."

We reviewed the records of the questionnaires completed by six people and eight relatives/visitors in March 2017, which were mainly positive. All of the satisfaction questionnaires said that they were very satisfied and satisfied with the availability of the management and the involvement of family and friends. They also stated that they were very satisfied and satisfied that things would be done by the management when asked. The questionnaires had been analysed and there was an action plan in place to identify the actions they were taking as a result of comments received. For example, information was provided on the provision of staff uniforms. People also attended residents meetings where they shared their preferences regarding activities and the menu.

Staff meeting minutes showed that they were provided with the opportunity to be involved and comment on the running of the service. The minutes reviewed also showed that they discussed improvements and changes in the service. A meeting in January 2017 the manager undertook an activity to assist the staff's understanding in why it was important not to gossip between themselves, therefore improving the atmosphere of the service. One staff member told us that the service had, "Improved a lot, going the right way," and they were working well as a team. Another staff member told us, "I know I can go [to the

registered manager] if I have any problems."

The registered manager told us about where they and the provider had taken swift action as a result of concerns and whistleblowing by staff. This included disciplinary action and discussing issues in staff meetings. The meeting minutes showed that staff were reminded about the whistleblowing policy and encouraged to report any bad practice or concerns they had.

Improvements had been made in the way that the service was monitored and assessed to minimise risks and provide a good quality service to people. The service's audits demonstrated that checks were made in the service to ensure that people were provided with good quality care and actions were taken when shortfalls were identified. This included in care plans, medicines, infection control and kitchen spot checks. There were also regular checks on the environment, recent improvements had been made in the development of maintenance records which showed where actions had been taken when shortfalls had been identified to ensure that the service was safe.

The provider sent us monthly reports which identified actions that had been taken and were planned to improve the service. These were detailed and showed that the service continued to improve. During our inspection we checked the improvements made against the monthly report and found that the actions we had been told about had been implemented.

The service had kept up to date with changes in Regulation and in the care industry, for example the introduction of the care certificate for staff and the duty of candour policy. Records showed that where an incident had happened the service's management had written to the person's relatives and apologised.

Where policies and procedures were reviewed and updated staff were required to sign a document to show that they had read and understood them. This showed that they were kept updated with any changes in their role and responsibilities.

The provider and registered manager shared their vision for the future and importantly what actions they would be taking to ensure historic failures are not repeated. For example, if restrictions on admissions were removed, how they would slowly increase occupancy. The staffing levels would be increased and monitored to reflect people's needs. The audit systems would continue to be carried out and reviewed by the provider to ensure they were fit for purpose in supporting them to have a good oversight of the service.

A staff member spoke about the regular visits and on-going involvement of the provider, "I find him very approachable, he does care, really cares. Every week comes here, I know if I have a problem I can go to him anytime." When the registered manager was on leave, senior staff told us they were able to contact the provider to seek advice, "On the other end of the phone if I need him."