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The Beeches Nursing and Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 8, 15 and 22 November 2017. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk"

The Beeches Nursing and Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides nursing and personal care for up to 31 people some of whom are living with a dementia. Care is provided over two floors. At the time of the inspection there were 17 people who used the service.

At the inspection of the service in November 2017 we rated the service as Inadequate. People did not receive safe care and treatment. Staffing levels and the deployment of staff did not ensure people's care needs were met. Recruitment procedures were not robust. Risks to people were not appropriately assessed and managed. We found serious concerns with the management of medicines. The provider was not ensuring the premises and equipment were clean and properly maintained. Infection control was poor. The provider had not protected people from environmental risks.

Emergency evacuation plans were not available for all people. The certificate to confirm that there had been professional testing of the electrical systems, circuits and any other service carrying electricity around the building was not available. The building was not suitably heated and environmental risks were not managed.

Staff were not up to date with their training and induction records were incomplete. There were insufficient nurses with the right clinical skills to care for people. Appropriate checks had not been made to confirm all bank and agency nurses were suitably trained with the right clinical skills. Nurses employed at the service had not received clinical supervision and the registered manager had not received supervision and an annual appraisal.

Care plans were insufficiently detailed to ensure the care and treatment needs of people who used the service were met. Care plans were not reviewed and updated on a regular basis. Mental capacity assessments and best interests were not available within care plans. Systems and processes for monitoring the quality of the service provision were poor.

Since our last inspection of the service the Care Quality Commission has continued to monitor the service.

We also shared our concerns with commissioners. In light of the serious concerns, executive strategy meetings were set up and chaired by a senior manager of Durham County Council and CQC attended some of these meetings. These meetings have been on-going as a result of the serious concerns we identified. Throughout this time, representatives from Durham County Council and the Clinical Commissioning Group have visited the service to provide support and advice to the registered manager and staff.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection on 20 March 2018 we found improvements had been made and rated the service as Requires Improvement.

Although improvements had been made further work was needed. When we arrived at the service we walked around to check on cleanliness and infection control. We found the home to be clean with minor areas for improvement. In addition we identified that some pillows were in need of replacement and work was still needed in the ground floor shower.

For people who did not always have capacity, staff had not completed mental capacity or best interest assessments for areas such as choices about healthcare, personal care, medicines and equipment to be used.

The home was warm and issues with the heating had been addressed. Areas of the home where it may be dangerous for people living at the service to access were locked. Emergency evacuation plans for people who used the service were readily available near the main entrance of the service and provided staff with the information they needed to support people in the event of an emergency situation.

We checked staff recruitment records and found pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with people. The registered manager had obtained profiles for all agency nurses to confirm they were suitable. However, we did note that the service was using agency mental health nurses to cover some shifts, but their profile did not detail if they had up to date clinical experience. We pointed this out to the registered manager at the time of our inspection who told us they would contact the agency to ensure agency nurses had the clinical skills needed.

After our inspection visit in November 2017, the provider increased staffing levels to ensure there were sufficient staff on duty to meet people's needs. The provider voluntarily agreed not to admit any more people until action had been taken to address all of our concerns raised at the inspection. People, relatives and staff told us there were enough staff on duty.

Records were available to confirm professional testing of the buildings electrical systems had been completed and we were provided with evidence that work required as the result of this testing had been completed.

Risks were assessed to ensure people were safe and where possible, actions were identified for staff to take to mitigate these occurring. Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. Staff recorded the temperature of the room and fridge in which medicines were stored. We noted that on occasions the temperature of the room and fridge were too warm.

Most training was up to date. The registered manager told us that courses had been arranged throughout May 2018 to meet any gaps in training. Records were available to confirm that bank or agency staff now received an induction. Nurses told us they had received clinical training in venepuncture, male and female catheterisation, the use of syringe drivers and PEG feeding. A syringe driver is used to administer a steady flow of injected medicine continuously under the skin. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth. Staff spoke positively about this training.

Nursing staff told us the supported each other. They told us they had group meetings and informal chats but not had formally documented these clinical supervision sessions. The deputy manager told us they were to take responsibility of clinical supervision and would be formally planning these sessions and making a record of them.

Care plans contained person centred information on people's support needs and reinforced the need to involve people in decisions about their care and to promote their independence. However, fluid intake charts were inconsistently completed and fluid intake goals and totals were not recorded.

We found that systems and processes for monitoring the quality of the service provision had improved. Regular audits including infection, prevention and control and health and safety had been undertaken which highlighted where improvements were needed.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Infection control had improved, however work was needed to sustain this. Pillows needed to be replaced; the conservatory cleaned and work was still needed in the ground floor shower.

People's medicines were stored, administered and disposed of safely. Medicine audits were robust and where issues had been identified there was an action plan in place to address the issues.

Safe recruitment procedures were followed which helped to protect people from abuse and there were suitable numbers of staff on duty.

Is the service effective?

Requires Improvement

The service was not always effective.

Mental Capacity assessments were not decision specific. Best interest decisions were not recorded.

Newly appointed staff, agency staff and bank staff received inductions. Staff had the knowledge and skills to support people who used the service. Nurses told us they felt supported and had met together but clinical supervision sessions had not been formally documented.

Nurses had received training to ensure they had the skills and knowledge to meet the clinical needs of people who used the service.

Is the service responsive?

Requires Improvement

The service had improved and was responsive; however, the provider and staff needed to work hard to ensure these improvements were sustained.

Personalised care records were in place which aimed to promote people's independence, choice and control. However, fluid intake charts were inconsistently completed and fluid intake

goals and totals were not recorded.

Is the service well-led?

Requires Improvement

The service had improved but was not consistently well led.

Continued improvements were needed in areas such as records, the environment, mental capacity assessments and best interest meetings. Staff needed to sustain the improvements already made.

Environmental checks were taking place. The provider had ensured that appropriate governance structures, systems and processes such as audits were in place. A range of audits including Infection, prevention and control and health and safety had been undertaken.

The Beeches Nursing and Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 20 March 2018. The inspection was carried out by two adult social care inspectors, a specialist advisor who was a nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider.

We had not requested the provider to submit 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.

During the inspection we reviewed a range of records. This included four people's care records and other five people's medicines records. We also looked at four staff recruitment files, including supervision, appraisal and training records and records relating to the management of the service. We spent time observing people in the communal areas of the service and at lunch time. We spoke with six people who used the service and four relatives.

We spoke with the registered manager, deputy manager, provider, a senior care assistant, the activities co-ordinator, a domestic, two nurses, handyman, cook, office administrator and generally to care staff. We also spoke with a representative of the training company who had been visiting the service since December 2017 to bring all staff up to date with their training.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of the service in November 2017 we found that recruitment procedures were not robust. The service had vacancies for nurses and as such relied on agency nurses to cover some shifts. However, profiles of these nurses were not available to confirm they were suitable, had received training and were of good character. We found there were insufficient staff on duty to care for people who used the service. In addition we found there were issues with cleanliness and infection control.

We found concerns with environmental safety. We found the medicine room to be unlocked and unlocked doors leading to the boiler room and rooms containing fuse boxes. There were some people who were living dementia who could have come to harm had they accessed these areas and potentially left the service. The provider had failed to ensure the safety of people who used the service and had therefore placed people at risk.

A certificate to confirm that there had been professional testing of the electrical systems could not be found. The emergency evacuation plans for people were not readily available in the event of an emergency and in parts of the building there was no heating and no hot water.

During our last inspection visit we looked at the care plans of two people who displayed behaviours that challenged. We saw that staff had documented when this had happened but the incidents were not monitored or analysed to see if there were any lessons to be learned. This exposed both the people and other people who used the service to increased risk. In addition we found the found the management of medicines to be poor.

At this inspection in March 2018 we found improvements had been made, however further work was needed. When we first arrived at the service we walked around to check on cleanliness and infection control. We noted the home to be clean with minor areas for improvement. We noted a dirty door frame in the bedroom of a person who used the service and a soiled shower chair in the ground floor shower room. In addition this shower room did not have a pedal bin for disposal of waste. We identified that some pillows were in need of replacement and the conservatory, which was not in use at the time of our inspection needed the floor cleaning. In addition work was still needed in the ground floor shower. There wasn't any skirting where the floor meets the wall so that this was ready washable and the flooring was marked.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12: Safe care and treatment.

The first floor of the service was not in use at the time of our visit, however a bathroom on this floor had benefitted from new tiling and flooring. Some carpets had recently been replaced and a redecoration programme was on-going. The home was warm and issues with the heating had been addressed. Areas of the home where it was dangerous for people living at the service to access were locked. Emergency evacuation plans for people who used the service were readily available near the main entrance of the service and provided staff with the information they needed to support people in the event of an emergency

situation.

People told us they felt safe. One person said, "There is always someone around and the girls [staff] are always popping in to check on me." Another person told us, "I can leave my light on all the time and I can even lock my door." Another person commented, "I feel very safe and they look after me very well here."

We checked staff recruitment records and found that suitable checks were in place. Staff completed an application form and we saw that any gaps in employment history were checked out. Two references were obtained and a Disclosure and Barring Service (DBS) check was carried out before staff started work at the service. The DBS checks the suitability of applicants to work with adults, which helps employers to make safer recruitment decisions.

Since our last visit the use of agency nurses had decreased. The registered manager had obtained profiles for all agency nurses to confirm they were suitable, had received training and of good character. We did note that the service was using agency mental health nurses to cover some shifts, but their profile did not detail if they had up to date clinical experience. We pointed this out to the registered manager at the time of our inspection who told us they would contact the agency to ensure agency nurses had the clinical skills needed.

Immediately after our inspection visit in November 2017 and at our request, the provider increased staffing levels to ensure there were sufficient staff on duty to meet people's needs. The provider voluntarily agreed not to admit any more people until action had been taken to address all of our concerns raised at the November 2017 inspection. In addition the provider had recently employed an office administrator to work 20 hours a week and staff told us this had made a huge difference to their work load. Staff told us they were not taken away from supporting people who used the service to answer the telephone or other administrative duties. One staff member told us, "Everything is so much better. We have time to spend with people and the morale is good."

Since our last inspection professional testing of the electrical systems, circuits and any other service carrying electricity around the building had been undertaken to confirm that they were safe. We were provided with evidence that work required as the result of this testing had been completed.

Risks were assessed to ensure people were safe and where possible, actions were identified for staff to take to mitigate these occurring. For example, from the records we looked at we saw risks such as: moving and handling, mobility, falls, nutrition and hydration, continence, skin integrity, behaviour that challenges, personal hygiene and social isolation had been recorded. An example of the behaviour risk assessment for one person identified the potential risks. This also gave guidance to staff for familiar staff to assist with the person's personal care and incontinence checks and for staff to use distraction techniques, for example talking with the person about their career. The risk assessment for another person who may display behaviour which can challenge included strategies for staff to follow. This included liaising with their community psychiatric nurse and completing behaviour recording charts, using bed and chair sensors and ensuring staff remained in the person's vicinity during the times of day when they were most active. We saw records to confirm incidents were monitored to see if any lessons were to be learned and evidence of a multi-disciplinary

We looked at the arrangements for the management of medicines. Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed. Staff told us that all medicines were available for people. This meant that appropriate

arrangements for ordering and obtaining people's prescribed medicines was working, to reduce the risk of harm.

Some people were prescribed PRN (as required medicines). PRN protocols were in place to assist staff by providing guidance on when PRN medicines should be administered and provide clear evidence of how often people require additional medicines, such as pain relief medicines or medicines to relieve constipation. The administration of PRN medicines was clearly documented on MAR charts. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Staff knew the required procedures for managing controlled drugs. We saw from the controlled drugs records that entries staff had made on the MAR matched the records in the controlled drugs record book and that the stock balances were counted, checked and recorded regularly.

Medicines were given from the container they were supplied in and we observed staff explain to people what medicine they were taking and why. People were given the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken. People's medicine support needs were recorded in their care records.

The MARs we viewed showed staff recorded when people received their medicines and entries had been initialled by staff to show they had been administered. We saw no gaps in recording on people's MARs, which meant it was clear they had received their medicines. However for one person who had refused their medicines we did not consistently see the reasons for non-administration documented on the MAR. We pointed this out to the deputy manager.

Some people received support with creams. We saw that a body map was in place to show where the creams should be applied, and the creams listed on the body map were also named on the MAR. However, for one person we noted the instructions for creams on the MAR were not specific and stated "use as directed". For another person a medicinal cream was listed on the body map to show where the cream should be applied, however the medicine was not listed on the MAR. The deputy manager told us they would review people's MARs and body maps to ensure consistency.

For a medicine that staff administered as a patch, a system was in place for recording the site of application and the days when the patches were renewed or replaced. Eye drops for one person, which have a short shelf life once open, was marked with the date of opening. This meant that the home could confirm that they were safe to use.

Medicines which required cool storage were stored appropriately in a fridge which was within a locked room. Minimum and maximum temperatures were recorded twice daily and in the main were the appropriate temperature of between two and eight degrees centigrade. However, for four days in December 2017, January 2018 and February 2018 the maximum temperature recorded was over eight degrees centigrade. This is higher than recommended for cool storage and action had not been taken by staff to ensure medicines were safe to use. We discussed with the deputy manager recording the time the recording was taken, together with actions taken should remedial actions be required.

Temperatures for the treatment room were recorded daily and were less than 25 degrees centigrade, apart from on two occasions in February 2018, one occasion in January 2018 and two occasions in December

2017. In addition, there were three gaps in recording in December 2017, January 2018 and February 2018. Fridge and treatment room temperatures need to be recorded to make sure medicines were stored within the recommended temperature ranges. This meant that the quality of medicines may have been compromised, as they may not have been stored under required conditions.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that the provider had completed medication audits and these were robust and had identified the issues we found. Where issues were identified there was an action plan in place to address the issues.

Requires Improvement

Is the service effective?

Our findings

At our last inspection of the service in November 2017 we found that staff were not up to date with their training and induction records were incomplete. There was no evidence to confirm that agency or bank staff had received an induction. The service employed one registered general nurse (RGN) and two registered mental health nurses (RMN's). We found that the RMN's employed at the service did not have any clinical skills and were not trained to do procedures such as venepuncture and male and female catheterisation.

There was no evidence to confirm nurses employed at the service had received clinical supervision. Clinical supervision is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. In addition the registered manager had not received any supervision or appraisal. We found Mental Capacity assessments were not decision specific. Best interest decisions were not recorded.

At this inspection in March 2018 we found action had been taken in most areas to address our concerns, however further work was needed to ensure decision specific mental capacity assessments and best interests were recorded.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Although improvement had been made further work was needed. For one person who did not have capacity, a mental capacity assessment for admission to a care home had been completed; however a best interest decision had not been completed showing involvement from the person's family, other professionals and staff. There were also no decision specific mental capacity assessments. This meant people's rights to make particular decisions had not been upheld and their freedom to make decisions may not have been maximised, as unnecessary restrictions may have been placed on them.

These findings evidenced a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 11: Need for consent.

The registered manager told us they were using an external training company who had been visiting the service since December 2017 to ensure all staff were up to date with training. Records looked at during this inspection confirmed that new staff had received an induction. Training had also been provided in moving and handling, basic life support, fire safety awareness, infection control, safeguarding, mental capacity and

deprivation of liberty safeguards. However, we did note that most staff still needed training in health and safety. The registered manager told us this training had been booked for both the morning and afternoon on 11 May 2018 to cover all staff that worked at the service. Where there were other minor gaps in training for staff this had also been booked throughout May 2018. The trainer was at the service on the day of our inspection. They confirmed they had visited the service on a number of occasions and were visiting again 21, 22 and 23 March 2018 to deliver training to new staff. The trainer told us they were visiting again in two weeks to deliver training on equality and diversity and privacy and dignity.

Nurses told us they had received clinical training in venepuncture, male and female catheterisation, the use of syringe drivers and PEG feeding. A syringe driver is used to administer a steady flow of injected medicine continuously under the skin. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth. Staff spoke positively about this training. One staff member said, "[Name of trainer] quality of training is very good. [They] communicate very well and have a good rapport." Another staff member said, "We have had lots of training and new recruitment which is positive." Another staff member commented that training was, "Fantastic."

Records were available to confirm that any bank or agency staff now received an induction. In addition a daily handover record had been created which included important information about people who used the service such as their diagnosis, allergies, information on their mobility or if changes in position were needed, dietary requirements and more. This handover sheet contained a photograph of the person who used the service to aid familiarity.

During the inspection we spoke with the deputy manager and two nurses who told us they very much supported each other. They told us they had come together at meetings and had informal chats but not had formally documented these clinical supervision sessions. Clinical supervision is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. The deputy manager told us they were to take responsibility of clinical supervision and would be formally planning these sessions and making a record of them. The registered manager confirmed they had received supervision and an annual appraisal was planned.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in November 2017 we found that care plans were insufficiently detailed to give support and guidance for staff to appropriately meet the care and treatment needs of people who used the service. Examination of records informed us that care plans were not reviewed and updated on a regular basis.

At this inspection on 20 March 2018 we found significant improvement in care plans. Since our last inspection all care plans had been re-written. Care plans we looked at contained person-centred information on people's support needs and reinforced the need to involve people in decisions about their care and to promote their independence. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. An example for one person outlined the routine they liked to follow, tasks they would like to complete themselves such as brushing their teeth, combing their hair and shaving and things they would like staff to help with for example encouraging them to bathe/shower at least twice weekly.

For another person we saw the eating and drinking support plan took into account their personal choice including food likes and dislikes and stating the person liked to eat food which was not healthy, but this was their choice. There was guidance available to staff on how to try and help promote a healthy diet for example offering a plain biscuit rather than chocolate one if requested. This care plan gave specific instruction such as 'I like a spoon to put food in my mouth as it helps me manage and allow me to feed myself. This ensures I can maintain my dignity and independence as much as possible'.

Communication care plans were in place and were appropriate for the person. We saw specific information for staff to follow in relation to how they engaged with people. This approach meant staff provided responsive care, recognising that people living with communication needs could still be engaged in decision making and interaction.

The care plan of one person identified they could display anxiety, distress and aggression due to their needs, and therefore could pose a risk to other people using the service. Where this was the case, the risk of causing harm had been assessed, and a number of steps determined to reduce the risk of any harm occurring. The person's mental health and behaviour care plan was specific to the individual and included information about potential 'triggers', such as assistance with personal hygiene, and the best way staff should try and diffuse any situations which may arise. The person's care plan included topics of conversation which the person enjoyed and their favourite music and a list of indications of deteriorating mood. Staff were able to use this information to reassure the person if they felt uneasy. We could see staff had made referrals to, and worked alongside the positive behaviour support team, to get specialised support where people displayed behaviour's which may be challenging to staff. This provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights.

Records looked at during our inspection confirmed that staff had been responsive to the needs of people who used the service. For one person we saw that it had been noted that the person refused their medicines on a morning and the GP had changed the timings to midday, which had improved their compliance with

taking their medicines. There were also specific instructions for staff to follow should the person refuse their medicines on three occasions. This showed that action was taken to address any areas for improvement identified during care plan reviews.

Some people received support with managing food and nutrition. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs.

Staff monitored some people's food and fluid intake to minimise the risk of malnutrition or dehydration. The food charts recorded the food a person was taking each day and included portion sizes. Fluid intake charts were inconsistently completed and fluid intake goals and totals were not recorded. We spoke to the deputy manager who acknowledged this and told us they were going to re-design a new form to record food and fluid intake.

People and relatives told us they felt the service provided personalised care. One person said, "The staff here are excellent." Another person commented staff were, "Always friendly and have lots of patience with us." A relative told us, "I hear staff talking to the residents and they all manage to make time to ask if they need anything, a drink, a biscuit or some fruit."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in November 2017 we found that systems and processes for monitoring the quality of the service provision were poor. The provider had not ensured that appropriate governance structures, systems and processes such as audits were in place. This failure to appropriately audit the operation of the service resulted in the provider not identifying the shortfalls that we identified during our inspection. There was a lack of leadership and staff were not working together as a team. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal requirements.

At our inspection on 20 March 2018 we found improvements had been made which addressed the concerns that we identified at the inspection. However, continued improvements were needed to sustain the changes which had been made.

Regular audits including infection, prevention and control and health and safety had been undertaken which highlighted where improvements were needed and had been made. Some action plans were in place and showed when they had been addressed or when additional time was needed to complete the actions. The registered manager was aware that further improvements were needed and time frames were in place to address these.

The culture of the staff team had significantly improved and staff were working together as a team under the guidance of the registered manager and deputy manager. The registered manager and staff told us there had been lots of changes at the service which they saw as a positive improvement. Staff spoken with during inspection told us they were now happy in their roles and felt valued. One staff member told us, that the structure of the home was "Much better and much improved in the last few months." All staff were open and transparent throughout the inspection. They understood that continual improvements were needed to ensure that the service remained safe and that people received good care.

Since our last inspection of the service the Care Quality Commission has attended executive strategy meetings which have been chaired by a senior manager of Durham County Council. These meetings have been on-going as a result of the serious concerns we identified at the inspection of the service in November 2017. Throughout this time, representatives from Durham County Council and the Clinical commissioning Group have visited the service to provide support and advice to the registered manager and staff.

Since our last inspection the provider had arranged for an experienced manager from another service they owned and operated to provide support and guidance to the registered manager and deputy manager. The registered manager and deputy manager told us how they had valued this support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Mental capacity assessments were not decision specific and evidence of best interest decisions were not available within care records.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Pillows were in need of replacement and the conservatory needed to be cleaned. Work was needed in the ground floor shower. There wasn't any skirting where the floor meets the wall to ensure this was readily washable. The flooring was marked and stained.