

Wilson Care Resources Limited

Wilson Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| 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

We carried out this unannounced inspection on the 30 November and 01 December 2016. Wilson Lodge provides care and support for a maximum of 36 people who are living with mental health conditions. There were 29 people living at the home at the time of the inspection. The registered manager retired shortly before our inspection. A new manager had been appointed and was in the process of applying to register with the Care Quality Commission. This manager was present throughout our inspection. 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.

We last inspected Wilson Lodge in December 2015. At that visit we found improvements were required in all areas of the service, and we identified that there were five breaches of legal regulations. After the inspection we met with the registered provider and registered manager, and they told us what they would do to see the service improve. They documented the action they would take in a plan. This inspection identified that the plan had been somewhat effective. Improvements were evident in all areas of the service, however the environment did not consistently provide people with a safe and comfortable place to live, and the systems to ensure the safety and quality of the service (we also call this governance) were not entirely adequate.

The premises had not been as well maintained as they should have been. People could not be confident they would consistently have enough hot water to bathe or shower. At the time of our inspection records were not available to show that checks had been undertaken as frequently as required to ensure equipment and facilities were in good order and safe to use. You can see what action we have required the provider to take at the back of this report.

People told us they felt safe living at the home. Staff we spoke with had knowledge of possible signs of abuse and could describe the action they would take in reporting any concerns. There were enough staff available to meet people's requests for support.

Risks people faced had been identified and measures had been put in place to minimise the risk for the person. Staff we spoke with were aware of how the risks should be managed, and the systems in place to monitor the risks were effective.

People received their medicines safely and there were systems in place to monitor medicines administration.

Staff told us they had received sufficient training although records showed some staff training was now overdue. Our observations of staff working with people showed that staff were skilled and knowledgeable in meeting people's needs.

Staff had the knowledge they needed to work in line with the principles of the Mental Capacity Act (MCA) 2005. Staff described how they supported people with making choices and gaining consent. The advice of appropriate professionals had been sought when people needed to make complex decisions.

People had access to regular healthcare and specialist advice was sought from healthcare professionals when needed.

People were happy with the provision of meals and drinks at the service. The quality of food had improved and people had greater access to a range of drinks and snacks.

People were happy with the care provided and told us that staff were kind and caring. People had been involved in planning their care to meet their individual needs and care was reviewed with people to ensure people were still happy with the care they were receiving. Staff enjoyed working at the home and knew the people they supported well.

People were treated with dignity and respect and were encouraged to remain independent.

The opportunity to undertake interesting activities both inside the home and in the local community had increased. People enthusiastically told us about the activities in the home and out in the community which they regularly enjoyed.

People were happy with the way the service was managed and there were opportunities for people to feedback their experience of living at the home. The comments people made had not consistently been acted upon.

Significant improvements had been made since our last inspection in all areas of the homes operation. However the systems in place to monitor quality and safety and to drive forward improvements were not complete and had failed to effectively monitor all aspects of the service. You can see what action we have required the provider to take in the back 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 always safe.

The premises had not been adequately maintained. The premises did not consistently provide people with a safe and comfortable place to live.

Risks associated with people's lifestyle and health had been well managed.

There were sufficient, suitably recruited staff who were knowledgeable about safeguarding people.

Is the service effective?

Good ●

The service was effective.

People were offered choice in aspects of their care, and the service had consistently followed the principles of the Mental Capacity Act (2005).

Staff were knowledgeable about people's needs, and had the skills they required to support people well.

People had access to a wide range of food and drinks that they enjoyed.

People received support to access regular healthcare.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well and were kind and caring in their approach.

People had involvement in care planning which reflected individual needs.

People were treated with dignity and respect and had their independence promoted.

Is the service responsive?

Good 

The service was responsive.

People had the opportunity for activities based on their interests.

People were involved in reviewing their care to ensure it still met their needs.

People were aware of how to raise concerns and complaints. Improvement was needed to ensure action would be taken in response to the issues raised in meetings.

Is the service well-led?

Requires Improvement 

The service was not always well-led

Quality monitoring systems were not consistently effective or robust.

People were happy with how the service was managed.

Staff felt supported in their roles.

Wilson Lodge

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 on the 30 November and 01 December 2016. On the 30 November the inspection team consisted of one inspector, and an expert by experience. An expert by experience is someone who has experience of caring for someone who uses this type of care service. On the 01 December the inspection was carried out by one inspector and a Specialist Advisor with knowledge of the needs of people who experience mental ill health.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We also received feedback from the local clinical commissioning group who monitor the quality of the service.

We visited the home and spoke with fourteen people who lived there. We met all the other people who lived at the home. Some people living at the home did not have the capacity to speak to us due to their health conditions. We spent time in communal areas observing how care was delivered and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered provider, manager, two nursing staff, five care staff, the senior carer and the chef. We spoke on the telephone or by email with five relatives and two healthcare professionals. We looked at records including parts of six people's care plans and medication administration records. We looked at three staff files including a review of the provider's recruitment process. We sampled records from training

plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

At our last inspection in December 2015 we identified a breach in three legal Regulations. This included Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not ensured medicines were well managed, people were not always supported to move using techniques that maintained their safety or protected their dignity and people had not always received the support they required to meet their healthcare needs. This inspection identified that significant progress had been made and this breach was now fully met. People could be confident they would receive consistently good, safe care.

There was previously a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people's safety had not always been identified. At the time of our last inspection some people had assaulted each other and appropriate action had not been always been planned and taken. This inspection identified that significant progress had been made and this breach was now fully met. People could be confident they would be safely supported to take risks.

The registered provider was also in breach of Regulation 15 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. This was because people did not live in premises that were clean and well maintained. This inspection identified that significant financial investment had been made to improve the premises. People had been consulted and involved in the development and improvement of the home. Some of this work was still ongoing. When the scheduled work is complete, people will be more likely to enjoy a clean and well maintained home. At the time of our inspection people did not consistently benefit from safe premises or reliable services and amenities. This breach had not been met.

People told us that the showers and hot water from bathrooms in the home were not reliable. We tested the water in two showers and one bath. These did not provide water that would be warm enough to bathe or shower in. We asked to see records maintained by the registered provider about water temperature testing. These tests had not been undertaken recently or with the frequency required. Testing the water temperature is a way of showing that consistently safe and comfortable hot water is provided throughout the home. We were informed by maintenance staff that they had suspended recording water temperatures while work on the boiler was undertaken. When questioned further we were informed this situation had been ongoing for some months. We were informed there was one electric shower in the building which had reliably hot water. This was inadequate to meet the personal hygiene needs of 30 people.

The floors in the two bathrooms we visited, got very slippery when they were wet. One person had recently fallen in one of the bathrooms, and we found the risk of further falls remained high. The surface of the floor had not been treated as often as was required to reduce the chance of it becoming slippery and people falling. The registered provider has since informed us improvements have been made.

People told us the lift had broken down on several occasions. Shortly after our inspection the registered provider produced evidence that the lift had been serviced and maintained. Significant investment and work had been undertaken in the premises, however further work was required to ensure people were

consistently provided with a safe and well maintained home. Failing to maintain the home in a condition that is suitable for its intended purpose and well maintained is a breach of Regulation 15 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

People told us that significant work had been undertaken at the home since our last inspection. People told us they had been supported to decorate their rooms, to obtain new bedroom furniture, that toilets and bathrooms had been improved and that the lounges had been decorated and refurbished. Comments from people included, "My room has been re-decorated. It's nice and warm now," and "We have had new furniture and carpets throughout." Many of the people we spoke with were pleased with the work undertaken to improve the facilities for people that smoke. This had included the development of a new shelter and covered walk way. One person told us "They made the shelter outside for us so we could have our smokes without getting wet. A person fell outside when using the shelter shortly after the inspection and sustained a fracture – the provider had not risk assessed the use of the external walkway in freezing conditions but after the incident they did take action to ensure that in such conditions that the pathway would be 'gritted'".

People told us they felt safe living at the home and comments from people included, "Nothing here frightens or worries me" and "Everything here is really good." Another person told us, "I feel safe here because the staff are caring and kind." Relatives we spoke with told us they felt confident that their family member was safe at the home and their comments included, "We can relax and be confident knowing that our relative is safe, being looked after fully." Staff we spoke with described a range of actions they completed each day to ensure the home premises were safe, and that people received the support and care they needed to maintain their safety and well-being. These included the allocation of staff to specific parts of the home, adhering to risk assessments, putting up signs when a floor had been cleaned, or ensuring doors and windows were locked at night.

People were supported by staff that had a good knowledge of the signs of abuse and what action they would take should they have concerns. Staff told us they had received safeguarding training and had knowledge of current processes to follow and the signs to be aware of. One member of staff told us, "The standard of care is high. If there were any concerns I would report them straight away to the nurse or manager." The manager was aware of their responsibilities to report any safeguarding concerns that may arise, and they had notified the Commission and Local authority when appropriate. This ensured the correct professionals would be alerted and that people would receive the support they required in the event of abuse being reported or alleged.

People were supported by sufficient care and nursing staff and we observed that staff were available to support people promptly. People told us they were happy with the numbers of staff working at the home and comments from people included, "The staff are obliging, sociable and kind. They will help you out." Staff told us there were sufficient staff working at the home, and their comments included, "I have no concerns about staffing. We nearly always work at full numbers. Would be very unusual if we couldn't cover a shift." Relatives we spoke with told us there were always adequate numbers of staff available, that they were able to gain prompt access to the home, were able to find someone with knowledge of their loved one, and that there were enough staff to enable people to go out regularly which was important to many of the people living at Wilson Lodge.

The provider had a robust recruitment process in place and had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Routine checks had been carried out on the registration of nurses working at the service to ensure that their registration was current. Completing these

checks reduces the risk of unsuitable staff being recruited.

We looked at how the service managed known risks to people related to their health and well-being. Individual risks to people had been identified and action had been taken to minimise the risk for the person. During our observations we saw people experiencing anxiety and distress. Staff demonstrated a secure knowledge of the written plans and followed these. The support provided was effective and we saw it provided reassurance and helped people to calm down. One person we spoke with told us, "If other people get upset we are encouraged to move away. The staff will always comfort you and talk to you if you need them to, I just move away." One person who sometimes experienced distress told us the staff were kind and helped them when they felt upset and anxious. They described staff helping them to get a drink and to 'calm down.' This meant people received the support they required to take risks and maintain their liberty.

When accidents or incidents had occurred we saw that there had been immediate checks on the person's well-being. Records had been kept of these individual incidents. The registered provider informed us there was an oversight system that would identify themes or trends and which might reduce the likelihood of a repeat of the incidence occurring were in place, however this was not made available at the time of our inspection.

People living at the home required support to receive their medicines safely. Significant improvements had been made to the management of medicines. One nurse we spoke with told us, "Medicine management has totally improved. 99% better than it was. We are trying our best to give it as safely as possible." People told us they were happy with the support they received with their medicines and one person told us, "They bring the medicines round. I have them in a little pot now. There are no problems that I know of." We saw people received their medicines in a dignified way and staff asked people for their consent before supporting them to take their medicines.

The registered provider had determined that only the nursing staff would administer medicines. We saw that training had been provided to the nurses and the nurses we spoke with described how the manager checked their competency. Assessing the competencies of staff is a way of ensuring staff have the skills and knowledge required to safely support people with medicines. Records that we viewed showed that people had received their medicines safely. Clear guidelines had been written to provide staff with information and guidance about when a person may need their 'as required' medicines. However these were not readily available to the nurses on duty. Audits of medicines took place regularly to check that all medicines had been given as prescribed. Health professionals we spoke with confirmed that the systems in place to order and manage medicines were good, and that changes to people's prescribed medicines were actioned quickly and smoothly. This meant there were systems in place that ensured people received their medicines safely.

Is the service effective?

Our findings

At our last inspection in December 2015 we identified a breach in Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people at risk of dehydration and malnutrition had not always received the support they required to ensure they had adequate amounts to eat and drink. This inspection identified that significant improvements had been made and this breach was now fully met. People could be confident they would receive adequate amounts to eat and drink.

The quality and range of food and drinks served at Wilson Lodge had improved since our last inspection. People were happy with the provision of meals at the home, and told us, "The food is better now, the quality is better now. I like that we have cream crackers and lemon buns." Another person told us, "The food has come right at last." Menus were based around people's likes and dislikes and people were offered a choice of food every-day. One person we spoke with told us, "Our chef asks people every day what food they'd like. They try hard to provide good food that people like." The chef informed us that they checked with people regularly to see if they had enjoyed the meal and to determine whether to change the menu choice in the future. The registered provider had developed a drinks and snacks area where people could help themselves to drinks and snacks with the support of staff. Throughout our visit we saw people enjoying access to this facility. One relative we spoke with told us, "We are welcomed whenever we go to visit, and now [name of relative] is so pleased to be able to make us a drink themselves. We never thought this would be possible." People had access to a wide range of food and drinks that met their needs and which they enjoyed.

People we spoke with told us that staff had the skills to support them effectively. Comments from people included, "The staff are good. They know how to help me. They know me well." Another person told us, "The staff they are really good at their job here." One relative we spoke with told us, "The staff are really good. I'm confident they know how to look after [name of relative] really well." The person we were speaking with went on to describe positive developments the person had made in their time living at Wilson Lodge. Two more of the relatives we spoke with described how their loved ones had made significant developments towards independence, with their mobility, and with maintaining good mental health since they had lived at Wilson Lodge. This all provided evidence that people were receiving support from staff with the relevant skills and experience to meet their needs.

Staff told us they had received sufficient training to carry out their role effectively. New staff recruited to the home were provided with the care certificate as part of their induction. The care certificate is a nationally recognised qualification that provides staff with the skills and knowledge they need to support people safely. Staff explained that they had taken part in training about people's individual healthcare conditions and needs, as well as training that would enable them to work safely. Staff we spoke with told us, "We are constantly doing courses, it is great" and "I have totally loved the courses I have done. Very informative." We asked staff how the training had impacted on the way they support people. The staff we spoke with were able to give practical examples of the way they had used the learning to improve the way they worked with people.

Some people living at the home displayed behaviours that could be challenging or which were unique to

them due to their mental health conditions. We observed staff support people well with these needs. The staff followed guidelines that had been developed to ensure all staff worked consistently and in line with good practice guidelines. One member of staff we spoke with told us, "I had training about how to safely intervene if two people get upset with each other. I have never had to use this but it has really increased my confidence." The way staff supported people decreased the likelihood of people getting more distressed. We saw that people's distress was managed discreetly, and resolved effectively. The combination of staff training and knowledge meant that people were supported with their mental health conditions appropriately.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People gave us examples of how they were involved in decisions about their care. This included how they wished to be supported with their money and cigarettes for example. Staff had received training on the MCA and had a good working knowledge of how it applied to people living at the home. Staff explained that they involved people in daily decisions about their care and had knowledge of best interest decisions.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. Where people had identified restrictions on their care the registered manager had applied for DoLS appropriately, most of which had been approved. Staff we spoke with were aware of the restrictions and the action they should take to minimise the impact on people. The date the restrictions were due to expire had been noted and staff we spoke with were aware these would have to be reapplied for. This ensured people's human rights were protected, and that the impact on people's liberty was limited as far as possible.

Two people living at the home shared a bedroom. These people had been consulted with about this decision and agreed sharing a bedroom was important to them both. Staff had made improvements to the privacy screening in the room since our last inspection to ensure people could have privacy when they wished.

People explained that they had access to routine healthcare that met their needs and were happy with the support they received. People we spoke with commented, "I see the Optician, I see them every year. I see the Dr whenever I need to if I'm ill." Records we viewed contained detailed information showing that people had regular access to the healthcare professionals they needed. Healthcare professionals we spoke with confirmed staff quickly identified changes in people's well-being and made appropriate and timely requests for help when people's needs changed. This ensured people received the support they required to maintain good health.

Is the service caring?

Our findings

People we spoke with described the staff with warmth, and described the relationship they had with staff in positive terms. One person told us, "The staff are all really kind. They never shout, and the night staff are lovely." Another person told us, "I like it here because the staff are friendly towards me." During our observations we saw staff speaking with people kindly, offering people support, and enjoying a joke together. The relatives of people living at the home shared with us many positive examples of the compassion they had witnessed staff demonstrate towards their loved ones. Comments we received included, "The way the staff care for all of the people at the home is unbelievable." Another relative told us, "The staff are really good. [My relative] has been looked after really well." One of the health professionals we spoke with had observed during their visits that people appeared very relaxed and comfortable in the presence of staff.

Staff told us they enjoyed working with the people who lived at Wilson Lodge. Staff told us, "This has been a really good day, actually they are all good days. I really enjoy being with the people here." We observed numerous kind, caring interactions between people and staff and saw staff take the time to sit and talk with people about topics that interested them. Many of the staff had a relaxed and friendly manner, and we saw people easily approached these staff and enjoyed their company.

People told us they were involved in planning their care. This enabled people to contribute and state how they wished to be supported. Care plans contained details of people's likes and dislikes and their preferences for care. The records of care and staff knowledge about people ensured that people received care in the ways they preferred.

People told us that staff protected their dignity. During our inspection we observed staff being mindful about sharing personal information with people discreetly. People were seen in private to discuss matters of a personal nature. When people needed help with their care where possible staff of the same gender supported people, and staff were careful to close doors. One of the staff we spoke with told us, "Dignity is very important here." They went on to describe a wide range of actions they used to protect people's dignity.

People living at Wilson Lodge were culturally diverse. We saw that foods were purchased and prepared to enable people to enjoy dishes that were important to them and reflective of their cultural heritage. People told us they had the opportunity to practice their faith and to maintain their culture. One person told us they liked to visit a local church. A member of staff told us, "People have the opportunity to go to the mosque, and to celebrate festivals such as Eid and Diwali." People, staff, relatives and records showed that people were supported to celebrate a wide range of religious and cultural festivals throughout the year in the way they wished.

When people had no families or friends people had the opportunity to access advocacy services and there were details available in the home should anyone request this service. This demonstrated that people had the opportunity to seek support from services that were separate from the home.

Is the service responsive?

Our findings

People had been involved in planning and reviewing their care. One person told us, "They do ask me how I want things done." Relatives we spoke with confirmed that they were asked about their relatives care. One relative told us, "We get to sit down sometimes with the staff and have meetings. We can say what we'd like to happen and so can [name of person]." Many of the people we met had conditions that changed over time, or which fluctuated from day to day. We found that the written plans and care that was offered had been adjusted to accommodate these changing needs, and to provide staff with appropriate written directions relevant to the person's needs. The care records we viewed recorded each person's needs and wishes. Our observations showed staff working consistently in line with these needs and wishes.

Systems had been developed to ensure staff were kept up to date about changes in people's care. Staff we spoke with told us how these were used to ensure effective communication between the team. Staff told us that daily handovers occurred, and that detailed notes were passed on about each day in the communication book. This ensured staff always had to date knowledge about people's needs and were able to plan and provide support when people had appointments.

The opportunities for people to take part in activities both in the home and local community had increased. People told us, "I like going to Moseley Village. I like looking in the charity shops and buying clothes and shoes." Another person told us, "I like the exercise classes, they have helped me to lose weight." People told us they had opportunity to play dominoes, cards, watch TV, take part in exercise activities and talking groups. People enjoyed some group activities as well as undertaking activities of specific interest to them. One person told us, "What I really like to do is smoke and watch TV. We have good TV's and a good smoking area outside. I'm happy." Recent community events had included going to the local park, and places of interest.

People benefitted from the provision of activities which were based on their interests and needs and that encouraged stimulation and participation.

People told us they rarely had cause to make a complaint. Comments we received included, "I have lived here for several years, I have never had any significant problems." We looked at the systems for raising concerns or complaints. The written records showed people could be confident their formal concerns would be taken seriously, investigated and detailed feedback provided. Relatives we spoke with told us they felt confident to raise concerns, they told us, "I'm confident I could speak with any of the staff, even one of the directors and they would be willing to help," and "I have been coming to the home for a long time. The staff know me well, if I needed to raise anything I could, they would look at it and call me straight back." People could be confident their concerns and complaints would be recognised, investigated and responded to.

We saw that people were given opportunity to feedback or raise complaints within regular meetings that took place with all the people living at the home. We saw that there was a feedback box in the entrance to the home where people, their relatives, visiting professionals or staff could leave anonymous feedback or complaints if they wished. The minutes of meetings showed that suggestions and feedback had been raised in the home meetings. Some of the feedback had been used to plan day trips or activities that people had

requested. In other cases there was no evidence of how this information had been passed on to the relevant people who could implement or address the matter. The manager agreed communication and action from these meetings needed to improve to increase people's confidence that changes would happen.

Is the service well-led?

Our findings

At our last inspection we identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not ensured the systems to check on the safety and quality of the service were adequate. After our inspection we met with the registered provider and they provided written information about the action they would take to ensure this breach was addressed. At this inspection we found that significant improvements had been made, but these had not been adequate to comply with the legal regulations or to consistently ensure people would receive good and safe care. This breach was not met.

There were some systems in place to monitor the quality and safety of the service but the overall service provision had not been monitored robustly. The systems in place to monitor and manage risks relating to the premises had not been entirely effective and had failed to protect people from harm or the risk of harm. There were no systems for the registered provider to monitor the service as a whole and to check it was meeting the standard of care expected. Checks to ensure that the service had achieved and maintained compliance with the regulations had not been made for over six months. The manager in day to day control of the home was not confident which legal regulations had been breached at the last inspection. There was no continuous improvement plan in place to ensure that the service continued to grow and improve or to identify current priorities for action. Feedback from people using the service had not consistently been used to drive improvements at the service. The manager and registered provider were open in their conversations with us about the improvements that were needed in the service, and the work they had planned to build on the improvements already achieved. The recently appointed manager had lots of ideas for developing the quality of the service. However there was no formal plan to ensure that service improvement continued, that compliance with the law was achieved or that the manager's suggested developments were prioritised to ensure they would come to fruition. While significant improvements had been made across the service, shortfalls in maintaining people's safety were noted. People did not benefit from a service that was consistently safe, and continually improving. The systems to check on the safety and quality of the service were not adequate. This is a breach of regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People were happy with how the service was managed and felt involved in the running of the home. Relatives we spoke with told us, "This is a well-run and well organised home," and "It's absolutely brilliant." Staff told us they felt supported in their role and were happy with how the home was managed. Since our last inspection a new senior care role had been introduced. We saw the staff working in the role effectively led and directed the care staff team to ensure people's needs were met, and that staff were available where and when people needed them.

The manager had received an induction from the previous registered manager and understood their responsibility to inform the Commission of specific events that had occurred in the home, and had notified us when events had occurred. This would ensure that the Commission was kept up to date with significant events that occurred at the home. The previous CQC inspection rating was on display within the home.

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 | Regulation 15 HSCA RA Regulations 2014 Premises and equipment |
| Diagnostic and screening procedures | People did not consistently benefit from safe premises or reliable services and amenities. |
| Treatment of disease, disorder or injury | |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Diagnostic and screening procedures | People did not benefit from a service that was consistently safe and continually improving. The systems to check on the safety and quality of the service were not adequate |
| Treatment of disease, disorder or injury | |