Voyage 1 Limited

Falcons Rest and Poachers Cottage

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 caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 16 and 20 February 2018. The first day of the inspection was unannounced.

Falcons Rest and Poachers Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Falcons Rest and Poachers Cottage provides accommodation and personal care for up to 14 people with a learning disability who may also have physical disabilities and/or sensory impairments. The site consists of two purpose-built houses, named Falcons Rest and Poachers Cottage respectively. At the time of our inspection visit, there were 12 people living at the home.

A registered manager was in post at the time of 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.

At our last comprehensive inspection of the service on 10 July 2017, we found breaches of Regulations 12 and 17 of the Health and Social Care 2008 Act (Regulated Activities) Regulations 2014. We gave the service an overall rating of Requires Improvement. These breaches related to the provider's failure to review staff training and competency in relation to the management of people's medicines, and the effectiveness of the provider's quality assurance. The provider sent us an action plan setting out the improvements they intended to make.

At this inspection, we found that, although the provider had made some improvements to the service, they remained in breach of Regulations 12 and 17. We were not assured staff consistently followed the provider's procedures for the handling and administration of people's medicines, or that the provider's quality assurance was as effective as it needed to be.

Staff did not always make appropriate use of personal protective equipment to protect people from the risk of infection. The risks associated with people's care and support needs had not always been fully assessed and recorded. Mental capacity assessments and best-interests decisions had not always been carried out in line with the requirements of the Mental Capacity Act. People's care plans were individual to them, but had not always been kept under regular review. People had enough to eat and drink, but the information recorded in relation to associated risks was not always accurate. People's relatives contributed to decision-making that affected their family members living at the home, but care review meetings had not been organised on a consistent basis.

Staff had been trained in, and understood, their individual responsibilities to protect people from abuse and discrimination. Staffing levels ensured people's needs could be met safely. Staff received a structured

induction and ongoing training, designed to help them work safely and effectively.

Staff and management worked effectively with external health and social care professionals to ensure people received coordinated care, and ensure people's health needs were met. The overall design and adaptation of the service reflected people's individual care needs.

Staff adopted a kind and caring approach to their work, and helped people express their views. They recognised, and worked to promote, people's rights to privacy and dignity. People's individual communication needs had been assessed, and staff adjusted their communication with people accordingly. People had support to participate in in-house and community-based activities. People and their relatives understood how to raise concerns with the provider.

The management team had improved their working relationships, and communication, with people, their relatives, staff and community professionals. Staff felt well supported, were clear what was expected of them and benefited from a stronger sense of teamwork.

You can see what action we told the provider to take at the back of the full version of the 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.

Staff did not always follow the provider's procedures for the handling and administration of people's medicines. The risks associated with people's care and support had not always been fully assessed. Staff did not always make appropriate use of the personal protective equipment provided to protect people from infections.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights under the Mental Capacity Act were not always fully promoted. Staff received training and ongoing management support to help them succeed in their roles. Staff sought professional medical advice when concerned about people's health.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, and showed concern for their comfort and wellbeing. Staff and management encouraged people to share their views on the service. People's rights to dignity and privacy were understood and promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care review meetings had not been organised with people and their relatives on a consistent basis. People's care plans had not been kept under regular review. People and their relatives were clear how to raise concerns about the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's quality assurance was not as effective as it needed

to be. The management team promoted an open, inclusive culture within the service. Staff felt well supported by an approachable management team.

Falcons Rest and Poachers Cottage

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 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.

The inspection took place on 16 and 20 February 2018. The first day of the inspection visit was unannounced. The inspection team consisted of one inspector.

Before the inspection site visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for their views on the service.

Over the course of our inspection, we spoke with four people who use the service, six relatives, the registered manager, deputy manager, four care staff and four senior care staff. We also spoke with a psychologist, a speech and language therapist, a physiotherapist, a dietician, two social workers, a senior practitioner for adult disability services, and a continence advisor.

We looked at five people's care files, medicines records, incident and accident reports, safeguarding records, three staff recruitment records, staff training records, complaints records, and records related to the management of health and safety at the service . We also observed people's care and support in the home's communal areas to assess how staff supported people, and responded to their needs and requests.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 10 July 2017, the provider had not kept the training and competence of the staff responsible for the management and administration of people's medicines under review. The provider had notified us of frequent medicine administration errors at the service. Staff indicated these errors were due, in part, to a lack of training and support to familiarise themselves with people's medicines and the home's medicine administration procedures. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was still not meeting the requirements of Regulation 12. The provider had taken steps to improve the standard of staff medication training and associated competency checks. This included the introduction of face-to-face medication training, and detailed 'how to' guides on the safe administration of each individual's medicines. Measures had also been put in place to make the service's medicine administration procedure more robust. For example, this procedure now required that two staff members were present at all times during the administration of people's medicines, one of whom acted as a 'checker'. Staff spoke positively about these and others changes made in relation to the administration of people's medicines. One staff member explained, "We're not being disturbed now doing the medicines."

However, since our last inspection on 10 July 2017, the provider had notified us of a further 15 medicine administration errors at the service, a number of which had involved late or missed medication doses. As a result, we were not assured staff were consistently following the provider's procedures for the management and administration of people's medicines, which were designed to minimise the risk of such errors.

We also found the information recorded on 'PRN protocols' was not always clear. 'PRN protocols' provide staff with guidance on the circumstances in which to administer people's 'when required' medicines. One person's PRN protocols in relation to the expected use of their rescue medicine for epilepsy were unclear and contradictory, which increases the risk of medicine administration errors. We raised this concern with the management team who addressed this issue during the inspection visit.

Although the provider had systems and procedures in place designed to ensure that the risks associated with people's individual care and support needs were identified and safely managed, these were not always followed as risk assessments were not always accurate and up to date. For example, on two occasions in 2017, one person had required hospital treatment for suspected anaphylactic shock, and had been prescribed emergency treatment of severe allergic reactions. However, we found no reference to the person's history of anaphylaxis, or the treatment of this, in their risk assessments. The staff we spoke with were aware the person was at risk of anaphylaxis. We discussed these concerns with the registered manager, who acknowledged the need for a full review of people's risk assessments, and assured us this process was underway. The management team completed a risk assessment in relation to the individual's anaphylaxis during our inspection visit.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

We looked at how the provider protected people from the risk of infection. We found weekly cleaning schedules were in place, designed to ensure staff maintained the premises and equipment in a clean and hygienic condition. However, we saw staff did not make appropriate use of the personal protective equipment provided, such as disposable aprons and/or gloves, when preparing people's meals, assisting them to eat and when taking out the home's kitchen waste. We discussed this concern with the registered manager. They assured us they would review the home's infection control policy and procedures, and clarify the expected use of personal protective equipment with staff.

People's relatives were satisfied the staffing arrangements at the service reflected their family members' current funding. Staff expressed mixed views on whether agreed staffing levels were consistently maintained. One staff member told us, "We are sometimes short-staffed. When there are not enough staff, the routine of getting people up can't be followed." Another staff member said, "They [management] always seem to get shifts covered so activities can go ahead. When we do have agency, we have the same ones so they know the service users very well. They are virtually like Voyage staff."

The registered manager explained the home's staffing levels were organised based upon the total number of care hours provided. They informed us they were currently seeking to fill a significant number of staff vacancies, with the assistance of a recruitment advisor. The registered manager acknowledged that unplanned staff absences had, on occasions, affected staffing levels, but assured us these had never fallen below safe levels. Regular agency staff were being used to maintain staffing levels, whilst recruitment activities were ongoing. The registered manager explained that, whenever possible, they requested consistent agency staff to promote continuity of care. During our inspection visits, we saw there were enough staff on duty to safely meet, and respond to, people's needs and requests. The provider completed checks on all prospective staff to ensure they were safe to work with people. This included requesting employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS searches police records and barred list information to help employers make safer recruitment decisions.

People told us they felt safe receiving care and support from staff at Falcons Rest and Poachers Cottage. They said they would speak to staff or the registered manager if they were worried about anything. Most people's relatives were satisfied with the safety of the care provided. One relative said, "I feel very reassured that [person] is safe and well-looked after." They went on to say, "We go there [the home] any time and there's always a welcoming atmosphere and people always look happy." However, one person's relative felt agency staff may not know enough about their family member's needs to be support them safely.

The provider had taken steps to protect people from abuse and discrimination. Staff received safeguarding training, and were reminded of their associated responsibilities at staff meetings. Staff were aware of the potential signs of abuse, and told us they would immediately report any concerns of this nature to the management team. The provider had procedures in place to ensure any witnessed or suspected abuse was reported to the appropriate external agencies, such as the local authority, police and CQC, and investigated. Our records showed they had previously made notifications to CQC in line with these procedures.

Staff told us they were kept up to date with any changes in the risks to people or themselves through, amongst other things, effective daily handovers between shifts. One staff member explained, "It [communication] is really good. I've come in from three days off and been given a list of any medication changes." In the event people were involved in any accidents or incidents, staff recorded and reported these events to management. The management team reviewed these reports on an ongoing basis, to ensure appropriate action was taken to stop things from happening again.

People had access to a range of equipment at the service, to meet their personal care and mobility needs. This included powered wheelchairs, hoists, standing frames, height adjustable baths and shower beds. The provider had effective maintenance procedures in place, and carried out regular safety checks, to ensure the premises and equipment were suitable and safe for use. A member of staff told us, "They [management team] are really good at reporting it [faulty equipment] and getting it fixed."

Requires Improvement

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA. Staff understood people's rights under the MCA, including the need to promote and respect people's decision-making. However, we found the mental capacity assessments and best-interests decision records completed by the management team were not always clear, decision-specific or kept under review, as required under the MCA. The registered manager acknowledged this issue, and assured us they would fully review this documentation as part of the ongoing review of people's care files.

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 saw the management team had made applications for DoLS authorisations based upon an individual assessment of people's capacity, and their care and support arrangements. One person's DoLS authorisation had been granted by the local authority. The registered manager had reviewed any associated conditions on this authorisation, in order to comply with these.

Before people moved into Falcons Rest and Poachers Cottage, the management team met with them, their relatives and the community professionals involved in their care to assess their individual care needs and requirements. This assessment enabled the management team to develop care plans which achieved positive outcomes for people, and to avoid any form of discrimination in the care and support provided. We saw use was made of technology to enhance people's health, wellbeing and independence. This included people's access to iPads to keep in touch with others, and the use of a range of physiotherapy equipment to meet people's therapeutic needs.

At our last inspection, most of the community professionals and relatives we spoke with expressed concerns about the existing level of knowledge and skills within the staff team. They felt high staff turnover and regular use of agency staffing had impacted on the proportion of staff who were adequately trained, and who had good insight into people's needs. At this inspection, there was an increased sense of confidence in staff competence amongst relatives and community professionals. One relative told us, "I think the staff are good at engaging with [person's name]. They always interpret what [person's name] needs and when they need it." A healthcare professional described how one person had settled well into the home well, adding, "They [staff] are meeting [person's] needs quite well."

When starting work at the home, new staff underwent the provider's induction training to help them understand and settle into their new roles. During this period, staff had the opportunity to complete initial

training, read people's care plans and 'shadow' (work alongside) more experienced staff. One new starter explained how shadowing other staff, over a two-week period, had prepared them well for working alone. Agency staff also received a condensed induction to the service. One agency staff told us, "It [induction] was good. You get to read all the care plans and did quite a lot of shadowing." The registered manager confirmed the provider's induction incorporated the requirements of the Care Certificate, which is a set of nationally-recognised standards that should be covered in the induction of new care staff.

Following induction, staff participated in a rolling programme of training. Staff spoke positively about the training they received to help them support people safely and effectively. One member of staff told us, "All of it [training] is really useful." Another member of staff described how their recent training on record-keeping had helped them understand why it was important to maintain consistent care records. Outside of formal training, staff attended regular one-to-one meetings ('supervisions') with a member of the management team, to receive constructive feedback on their work, and identify and additional training or support needs they may have.

People told us they liked the food and drink on offer at the home, and that they had enough to eat and drink. People's relatives were satisfied staff met people's nutritional needs. One relative explained, "[Person] has always looked well cared for and nourished. There are always drinks available. They [staff] do encourage [person] to drink; they are really intent on making sure they get fluids." Another person described how staff encouraged their relative to make healthier food choices. They told us, "[Person] can choose what they want to eat, but they [staff] guide them. Staff never leave them alone to eat, and they know to sit them up [when they eat]."

Staff supported people to choose what they wanted to eat, before meals, by, for example, showing them the relevant food options in their packaging to choose from. We saw mealtimes at the home were relaxed and social events. People had access to appropriate eating and drinking aids, and encouragement from staff to eat. Where people did not appear to be enjoying their meal, we saw staff used their knowledge of people's food preferences to offer alternatives, which people responded well to. Where people required physical assistance to eat, this was provided in a patient and caring manner. However, we found staff sometimes divided their attention between physically assisting more than one person to eat, whilst attempting to eat their own meals. We discussed this issue with the registered manager, who explained the intention was to provide a social dining experience. They assured us they would review this practice, in light of the implications for people's sense of dignity and infection control.

We saw the risks associated with people's eating and drinking had been assessed, with specialist input from the speech and language therapists and dietician, and that plans were in place to manage these. As a result, some people were provided with specialist or texture-modified diets, whilst others' fluid intake monitored. However, the information recorded in relation to the management of people's nutritional needs was not always accurate and up to date. One person's nutritional guidelines, produced by a speech and language therapist, indicated they required thickened fluids to reduce the risk of choking. However, we saw staff did not add thickener to this person's drinks. The registered manager informed us the individual's nutritional guidelines in relation to the use of thickened fluids were out-of-date, and, therefore, was not adhered to by staff. They acknowledged they had not identified this out-of-date nutritional guidance previously. Following our inspection visits, the registered manager arranged a fresh assessment by the speech and language therapist, which confirmed thickened fluids were not advised for this person. The individual's care plan was updated accordingly.

Staff and management understood the need to work collaboratively with external health and social care professionals, teams and agencies, in ensuring people received coordinated care. We saw they liaised with a

wide range of external professionals, including GPs, community learning disability nurses, social workers, physiotherapists and psychologists. Community professionals indicated they had effective working relationships with staff and management, and confirmed their willingness to seek and follow advice. One healthcare professional explained, "If they [provider] have any problems, they will ring and I can advise. They do take the advice given on board."

People's relatives spoke positively about the role staff and management played in meeting people's day-to-day health needs. They confirmed staff helped people to attend routine medical appointments, and sought professional medical advice when they were unwell. One relative explained, "They [staff] will call a doctor in whenever there is the slightest worry about [person's] health." A healthcare professional described the consistent support staff provided to meet people's physiotherapy needs, making appropriate use of the equipment provided. However, we found staff were not always provided with adequate information about people's long-term medical conditions. There was no epilepsy care plan in place for one person who was living with the condition. On this subject, a staff member told us, "A lot of staff would struggle to know [person's name's] type of seizures." The staff we spoke with were aware this person's epilepsy, and the need to act quickly if they had a seizure. We discussed this concern with the registered manager. They indicated this care plan had previously been in place, and were unsure why this was no longer the case. During the inspection visits, the management team produced an up-to-date epilepsy care plan for this person.

The overall design and adaptation of the service's two purpose-built houses enabled staff to meet people's individual needs safely and effectively. This included the provision of specialist bathroom facilities and on-site sensory and activities rooms. The car park neighbouring Poachers Cottage had recently been extended and a covered walkway ramp constructed to ease people's access to vehicles.

Good

Is the service caring?

Our findings

People told us they liked the staff, and that staff treated them well. One person said, "They [staff] are nice and good to me." People's relatives were satisfied staff treated their family members who lived at the home in a caring and respectful manner. One relative told us, "They [staff] are excellent; I can't speak highly enough of them. They will notify me if person is poorly and they go above and beyond what they need to do. They're very, very caring."

We saw people were at ease in the presence of staff, and freely approached them for a chat or to request assistance. Staff listened to people, took interest in what they had to say and responded to them in a friendly, polite and professional manner. Staff took the time to speak to, or chat with, people while completing care tasks, such as supporting people to eat and drink. They showed good insight into people's personalities and preferences, and demonstrated concern for their comfort and wellbeing. For example, when one person began to cough repeatedly whilst taking their medicines, staff immediately confirmed they were not in difficulty and offered them a drink of water. In addition, when helping people to move around their home with the use of mobility equipment, staff were careful to avoid or remove any potential hazards in people's way.

Staff and management took steps to enable people to express their views about the care and support they received. This included organising monthly 'key worker' meetings, which had recently restarted, and 'house meetings' which, the registered manager indicated, would be held on a more consistent basis moving forward. A 'key worker' is a staff member who is allocated additional responsibilities to ensure one person's individual requirements are being met, and to liaise with their relatives and friends. We saw the service's staffing arrangements gave staff the time they needed to sit and talk with people, and to listen to their views.

People's care plans included information about their individual communication needs, and guidance for staff on how to promote effective communication. We saw adapted their communication to suit these individual needs. For example, staff achieved effective communication with one person, who was visually and hearing impaired, through facial touch gestures. The registered manager confirmed they helped people access independent advocacy services, where they needed support to have their voice heard on important issues, and that two people were currently using an advocate.

Staff recognised people's rights to privacy and dignity. They gave us examples of how they promoted these rights, on a day-to-day basis, by respecting people's choices, seeking their consent before carrying out care tasks, and protecting their modesty during intimate care.
We saw people's intimate care needs were met sensitively and discreetly, and that their confidential personal information was stored securely, in order to restrict access to authorised persons. We saw staff supported people promoted people's independence through supporting them with their physiotherapy exercises. The registered manager described the plans in place to further promote people's independence. This included the appointment of a staff 'menus champion', whose role included looking at ways of further involving people in meal preparation. People's relatives confirmed there were no unreasonable restrictions

upon them visiting their family members at the home.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection, people's relatives expressed mixed views about the opportunities they had to contribute to their family members' assessments and care planning. At this inspection, most people's relatives were satisfied with the extent to which staff and management involved them in care planning and other decisions which affected their family members' care. One relative explained, "[Registered manager] will just ring and say if there is something to discuss. The communication is absolutely excellent." Another relative told us, "At every opportunity where an external body is involved [in a meeting], we're brought in." However, we saw a number of the annual 'person-centred care review' meetings the management team arranged with people, their relatives and community professionals were significantly overdue. The registered manager acknowledged this issue, and assured us they were in the process of making the arrangements for these care reviews.

People's care plans were individual to them and covered a range of needs, including their mobility, personal care, emotional support and social needs. In addition to guidance for staff on how to care for people safely and effectively, people's care plans included information about what, and who, was important to them, and their preferred daily routines. The registered manager was aware of people's protected characteristics under the Equality Act 2010. They assured us that any associated needs, including people's personal beliefs and religion, were taken into account during the assessment and care planning processes. We saw people's communication needs were considered as part of assessment and care planning, with specialist input from speech and language therapists, and that use was being made of accessible formats such as picture communication cards. The registered manager showed insight into the Accessible Information Standard, and confirmed the provider had the facility to produce information in alternative accessible formats, such as large-print, easy-read and other languages to meet people's information needs. All providers of NHS and publicly-funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

We saw people's care plans were accessible to staff, and staff told us they read and referred back to these. One staff member explained, "It's good practice that you refresh yourself on the care plans. There's also a 'read and sign' file that [registered manager] put anything new in, so we're aware." During our inspection visits, we saw staff adapted the care and support provided to meet individual needs, in line with people's care plans. However, we found people's care plans were still not being consistently reviewed and updated in line with good practice and the provider's procedures. The registered manager explained that people's care plans should be reviewed by the keyworkers on a monthly basis, and at least six-monthly by the management team. They acknowledged that these reviews had not been carried out on a consistent basis, and that, as a result, a full review of people's care plans was now required and underway. As a result, the information recorded in people's care plans was not always accurate, up to date and complete. For example, one person's care plans included out-of-date information about their mobility and communication needs.

At our last inspection, most community professionals, and some relatives and staff, voiced concerns about

the inconsistent support people received with social and therapeutic activities. At this inspection, the overall feedback from those we spoke with pointed towards positive progress in this area. For example, a relative said, "They [activities] are very good. [Person] does all sorts of things." A staff member told us, "There are definitely a lot more activities. [Registered manager] gets them [people] out as much as possible." However, some staff referred to the ongoing impact of agency staffing upon some people's community-based activities, in terms of a lack of trained permanent staff and drivers. In addition, an adult social care professional raised concerns regarding one person's potential lack of support with activities, but explained they were in the process of clarifying this individual's current funding arrangements.

We discussed these issues with the registered manager who acknowledged that unplanned staff absences and, to a lesser degree, agency staffing had, on occasions, impacted upon people's planned activities. They assured us every effort was being made to ensure people did not miss out on weekly activities, whilst recruitment activities were ongoing, through adopting a flexible approach to rescheduling activities for another time that day or week. We saw people had individualised activities timetables in place, and the activities records we looked at indicated people were receiving regular support in this area. During our inspection visits, we saw staff supporting people to participate in a range of in-house and community-based activities. These included in-house arts and crafts and group games sessions, and trips out for lunch or to attend hydrotherapy or a farm project in the local area.

People told us they would speak to staff or the registered manager if they had any worries or concerns. People's relatives knew how to raise a complaint with the provider, and expressed greater confidence in the current registered manager's ability to resolve these. One relative told us, "I do feel [registered manager] would take things board; I'm very confident." The provider had a complaints procedure in place to promote fair and consistent complaints handling. We looked at the complaints received by the service since our last inspection, and saw action had been taken to acknowledge and address the complainants' concerns.

The home was not currently supporting anyone on end-of-life care. However, the provider had systems and procedures in place to enable staff to identity people's end-of-life wishes and developed associated plans. The registered manager had made arrangements to meet with one person's relatives, in coming weeks, to involve them in decision-making about their family member's preferences and choices for their future end-of-life care.

Requires Improvement

Is the service well-led?

Our findings

During our inspection visit, we met with the registered manager who was responsible for the day-to-day management of the service. There had been a change in registered manager since our last inspection on 10 July 2017, and the current registered manager had been in post for three months. They demonstrated a clear understanding of the duties and responsibilities associated with their post, including the need to submit statutory notifications to CQC in line with their registration with us. The service's current CQC rating was clearly displayed at the premises, as the provider is required to do.

At our last inspection, we were not assured that the provider's quality assurance was as effective as it needed to be. It had not enabled the provider to highlight and address, in a timely manner, the significant shortfalls in quality we identified during our inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was still not meeting the requirements of Regulation 17. The provider had a rolling programme of audits and checks in place, designed to assess and monitor the quality of the service. This included quarterly service audits by the registered manager and operations manager, annual visits from the provider's internal quality team and routine in-house health and safety checks. We found the management team were working, and communicating, more effectively with staff to make improvements in the service, and positive progress had been made in some areas, including bringing staff training more up to date. However, this was the service's second successive overall rating of 'requires improvement', and the provider's quality assurance had not enabled them to address the concerns we identified during our inspection. These included the inconsistent use of personal protective equipment by staff to prevent infection, the need accurate and up-to-date care plans and risk assessments, and the ongoing concerns with people's medicines.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, people's relatives, staff and community professionals expressed significant concerns about an overall lack of effective leadership and management at the service, and poor communication with the management team. At this inspection, our conversations with people's relatives, staff and community professionals pointed towards significant improvements in these areas, and the promotion of a more open, inclusive culture by the management team.

People told us they liked the registered manager. Their relatives expressed greater confidence in the current registered manager, and described improved day-to-day communication with the management team. They told us the registered manager was approachable and willing to listen. One relative said, "[Registered manager] is one hundred percent on the ball." They went on to say, "They have been a shoulder to cry on, have redecorated the home and have put in place a much clearer structure." Another relative told us, "[Registered manager] is very happy to be engaged and to talk about anything." Community professionals used words like "proactive" and "organised" to describe the registered manager, and, similarly, described

some improvements in their working relationship with the home's management team.

The management team understood the importance of supporting staff, and treating them in a fair and equal manner. The registered manager told us, "Your [staff] team are your foundation. Without them, nothing works." We saw the registered manager greeted people and staff warmly, and that staff were comfortable in the presence of both the registered manager and deputy manager. All of the staff we spoke with commented on the positive influence the new registered manager had had upon the service, and the improved sense of teamwork within the home. One staff member explained, "Since [registered manager] came in, it [the home] has been completely different. It just runs much better." Another staff member said, "It's been an awful lot better. We seem to be working as a team now. [Registered manager] has got that team spirit and camaraderie going. It's a lot more fun as well."

Staff told us they felt well-supported and valued by the management team. One staff member explained, "[Registered manager] takes our opinions on board as well, which is good because we feel valued." The registered manager had introduced a number staff 'champion' roles, to give staff the opportunity to take the lead on key aspects of the service, such as the menus, key working and aspects of health and safety. Staff said they were clear what was expected of them at work, and felt able to approach the management team for any additional guidance or advice needed. One staff member told us, "The communication is better between staff and management and [registered manager's] office is always open." The provider had a whistleblowing policy in place, and staff told us they would follow this, if necessary. Whistleblowing refers to when an employee tells the authorities or the public that the organisation they are working for is doing something immoral or illegal.

The registered manager spoke very positively about the support they received from the provider and their line manager to manage the service, describing this as "absolutely magnificent". They told us they kept up to date with best practice guidelines and legislative changes through, amongst other things, attending events run by the local authority and local clinical commissioning group (CCG), participating in further training and accessing the CQC website.

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 12 HSCA RA Regulations 2014 Safe care and treatment Staff did not consistently follow the provider's procedures when administering people's medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and procedures were not as effective as they needed to be.