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Kings Lodge Care Centre

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

Summary of findings

Overall summary

The inspection took place on 22 January 2016.

Kings Lodge Care Centre provides accommodation, nursing and personal care for up to 42 older people, some of whom are living with dementia. There were 34 people living at the service at the time of our inspection.

At the last inspection on 13, 14 and 20 May 2015, we found the provider was breaching legal requirements in relation to staffing levels, the management of medicines, obtaining consent, the support provided to eat and drink, activities and the quality of recording. The service had not been well-led. There was no registered manager in place and the high turnover of previous managers had led to a lack of effective leadership. Relatives told us that there was no consistency in how the service was run and staff said they had not been adequately supported. The provider submitted an action plan telling us how they would make improvements in order to meet the relevant legal requirements.

At this inspection we found the provider had taken action to meet these legal requirements and to improve the quality of care people received. There was a registered manager in post, who had greatly improved the leadership and management of the service. 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 and associated Regulations about how the service is run.

The number of staff deployed on each shift had increased, which meant that people were safe and had access to staff support when they needed it. The registered manager had improved the training, supervision and support provided to staff. All new staff attended an induction and training for all staff had been introduced in key areas.

Medicines were managed safely and records demonstrated that people's consent to their care had been obtained. People received the support they needed to eat and drink. The availability of activities had increased and the quality of recording had improved, which meant the care people received was accurately recorded.

Some areas of the service were not adequately clean and staff did not always follow good infection control practice, which presented a risk of infection. Some staff did not respect people's privacy or treat them in a way that maintained their dignity.

Staff understood safeguarding procedures and were aware of how to report their concerns if they suspected abuse. The provider made appropriate checks on staff before they started work, which helped to ensure only suitable applicants were employed. Risk assessments had been carried out to minimise the likelihood of harm to people and there were plans in place to ensure that people's care would not be interrupted in the

event of an emergency.

People told us they enjoyed the food provided. They said they were consulted about the menu and that their preferences were known and respected. Relatives told us their family members had access to a range of meal choices and that staff offered people alternatives when they needed encouragement to eat. People were supported to stay healthy and to obtain treatment if they needed it. Staff monitored people's healthcare needs and took appropriate action if they became unwell.

People told us that staff were friendly and helpful. They said they had good relationships with the staff who supported them. We observed examples of staff showing people genuine kindness and compassion. For example we saw staff reassuring people when they became anxious and providing emotional support to people who were distressed. Relatives told us that staff encouraged people to maintain their independence and supported people in a way that promoted this.

The registered manager had demonstrated effective leadership of the service and led by example in their values and commitment to improvement. They had made clear their expectations in terms of care standards and encouraged and staff to share their views about how the service could improve. Staff received regular training and support, which had improved the quality of care provided to people. People and their relatives had greater opportunities to give their views about the care they received and were confident the registered manager would respond appropriately to any concerns they raised.

During the inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take 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 always safe.

Some areas of the service were not adequately clean and staff did not always follow good infection control procedures, which presented a risk of infection.

There were sufficient staff deployed to keep people safe and meet their needs in a timely way.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the necessary skills and experience to provide effective care.

Staff were well supported in their roles and had access to regular supervision and appropriate training.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Applications for DoLS authorisations had been made where restrictions were imposed upon people to keep them safe.

Staff shared and communicated information about people's needs effectively.

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People were supported to stay healthy and to obtain treatment when they needed it.

Is the service caring?

Requires Improvement

The service was not always caring.

Some staff did not treat people with dignity and respect.

People had positive relationships with the staff who supported them and most staff were kind, compassionate and sensitive to people's needs.

Staff recognised the importance of encouraging people to maintain their independence and supported people in a way that promoted this.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care and treatment they needed.

Care plans had been improved to reflect people's individual needs, wishes and preferences.

Staff were aware of people's individual needs and preferences and provided care in a way that reflected these.

People had opportunities to take part in a range of activities and events.

Complaints were managed and investigated appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager had improved the support provided to staff and led by example in their values behaviour.

There was an open culture in which people were encouraged to express their views and contribute to the development of the

service.

Staff had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring and auditing.

Records relating to people's care were accurate, up to date and stored appropriately.

Kings Lodge Care Centre

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 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.

The inspection took place on 22 January 2016. The inspection was unannounced and was carried out by two inspectors and a specialist nursing advisor.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We had not asked the provider to complete a Provider Information Return (PIR) as we were following up concerns identified at the previous inspection. The PIR 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 spoke with 14 people who lived at the service and two relatives. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with 12 staff, including the registered manager, registered nurses, care, catering and domiciliary staff. We looked at the care records of six people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

We spoke with two relatives after the inspection to hear their views about the care their family members received.

The last inspection of the service took place on 13, 14 and 20 May 2015 when the service was rated inadequate and placed in special measures.

Requires Improvement

Is the service safe?

Our findings

Some areas of the service were not adequately clean and staff did not always follow good infection control procedures. The kitchen floor was sticky and there was food residue on the floor. There were cobwebs in some parts of the kitchen, which indicated that they had not been cleaned for some time, and visible dirt and grease in some hard to reach areas. There was congealed food on the underside of a sink. The poor standard of kitchen hygiene presented a risk of infection to people using the service.

There was a small sluice room on each floor of the building. The hand wash basins in both sluice rooms were inaccessible and visibly dirty. The registered manager told us that staff were unable to wash their hands in the sluice rooms after using the sluice because the sinks were inaccessible. This meant staff had to go to the nearest communal bathroom to wash their hands after using the sluice, which presented a risk of infection. There was no evidence that this risk had been identified or that measures had been put in place to manage the risk. This was a concern as people living at the service were particularly vulnerable to infection due to age, illness or poor health.

Failure to implement effective measures to prevent, detect and control infections meant the provider was breaching Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

At our last inspection, we found there were not enough staff on duty to provide people's care and keep them safe. At this inspection, we found the provider had taken action to address this concern. People told us they felt safe at the service and when staff provided their care. They said there were enough staff on each shift to keep them safe and that staff were available when they needed them. People told us that staff were often busy but were always responded promptly if they used their call bells. One person told us, "There are always enough carers to keep us safe. We get looked after" and another person said, "If I need anything, I can use the bell and they're with me very quickly." A third person said, "The staff are very busy but I can always speak to one of them if I need to." People told us the number of staff on each shift had increased since our last inspection and that this had improved the care they received. One person said, "Things are much better now than they were. There are staff around when you need them. They come promptly now when you use the call bell."

The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were available in all areas of the service. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. Care staff told us that qualified nursing staff were available if they needed to raise any concerns about a person's health or welfare. The staff we spoke with confirmed that the increase in the number of staff deployed on each shift had realised benefits for people. One member of staff told us, "I think they are much better looked after now. We listen more carefully to what they have to say now – we have the time to do it." Another member of staff said, "There are enough staff now. Of course there are times when we're busy, but we have enough staff so we can be flexible to meet the residents' needs."

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect

abuse was taking place. The registered manager told us that safeguarding and whistle-blowing were discussed with staff at individual supervisions and team meetings. This was confirmed by the staff we spoke with during the inspection. One member of staff told us, "We are given information about safeguarding and what to do if we suspect abuse." Staff told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records.

Risk assessments had been carried out to identify any risks to people and the actions necessary to minimise the likelihood of harm. For example staff evaluated the risks to people of developing pressure ulcers and those at risk of inadequate nutrition and/or hydration. Where risks were identified, staff implemented measures such as pressure relieving equipment and repositioning regimes to reduce the risk of pressure ulcers and food/fluid monitoring charts to address the risk of inadequate nutrition and/or hydration. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence.

The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as adapted baths, hoists and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Interview notes demonstrated that the provider explored applicants' values and attitudes to supporting people at interview. Prospective nursing staff were questioned about areas including medicines management, wound care and the responsibilities of a registered nurse. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work.

People's medicines were managed safely. People told us staff helped them to take their medicines at the right time and checked whether they required pain relief. One person told us, "I have a lot of tablets but the nurse makes sure I take the right ones.'' Another person told us, "I get my tablets at the right time and I can ask for painkillers if I need them."

Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines.

Good

Is the service effective?

Our findings

At our last inspection, we found that the provider relied heavily on agency staff, which meant people did not receive consistent care from staff who knew their needs well. We also found that permanent staff were not adequately supported to do their jobs and provide effective care. Staff did not have access to the training they needed or opportunities to meet regularly with their managers for one-to-one supervision.

At this inspection, we found the reliance on agency staff had reduced and that people almost always received their care from staff who were familiar to them. People told us they were cared for by staff who had the skills and knowledge they needed to provide effective support. They said staff knew them well and provided their care in the way they preferred. One person said, "The staff are aware of what I need" and another person told us, "They know all my likes and dislikes." A relative told us, "There used to be a lot of different carers but the staff team is a lot more stable now. There are still some agency carers but they are long term, so at least they know the residents."

The registered manager had improved the support staff received and increased opportunities for staff to attend relevant training. All staff recruited since the last inspection had attended an induction and we were able to speak with them about their experience. One member of staff told us, "Induction was very thorough. I was quite impressed. It included safeguarding, personal care, the Mental Capacity Act, end of life care and lots of other areas. All the modules were designed to show how your behaviour impacted on the residents. I did three days of shadowing, then a week of working with a buddy." Another member of staff who had recently joined the service said, "I thought the induction was very good. We did lots of online training and had face to face sessions as well." We saw evidence that staff had to complete a written competency assessment at the conclusion of their induction, which was designed to ensure they were competent to provide all aspects of people's care.

Staff told us the registered manager had improved the training they received and made clear the expectation that they would attend all elements of mandatory training. Staff told us they now met regularly with their managers, which gave them opportunities to receive feedback on their performance and to seek advice if they needed it. One member of staff told us, "The manager has improved the training we get. For example she has introduced dementia care, which I felt we really needed. We have all the training we need now." Clinical supervision had been introduced for nursing staff and the registered manager had plans in place to support registration nurses through their revalidation process.

Training records demonstrated that staff had access to training in areas including safeguarding and whistle-blowing, moving and handling, fire safety, medicines management, dementia care and confidentiality. The registered manager monitored attendance at training and had contacted staff to make clear they would not be considered for work unless they were up to date with all mandatory training. The registered manager told us that two staff had begun working towards the Care Certificate and that, in future, all staff would be supported to achieve this. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

At our last inspection, we found that the provider had not always obtained people's consent to their care and treatment and that staff were not sufficiently aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At this inspection, we found the provider had obtained and recorded people's consent and had provided training for staff to support them in understanding consent and how the MCA applied in their work. The training had included scenarios in which staff had been asked to consider how best to obtain consent and how to respond if people were unwilling to give consent to their care. Staff told us the training had been useful in understanding issues around consent and supporting people with decision-making. One member of staff said, "The training has helped our understanding. We respect their decisions. We act in their best interests. We have developed a better relationship." People told us that staff now checked with them that they were willing to receive their care and support. One person told us, "I am always asked for my consent" and another person said, "They always check with me before providing my care."

The registered manager had submitted applications for DoLS authorisations where people were subject to restrictions to keep them safe, for example where wheelchair belts were used. Best interests meetings had been arranged where people who lacked capacity needed support to make decisions. The registered manager told us that independent mental capacity advocates had been involved in these meetings where people who lacked capacity did not have friends or relatives to support them in this process.

At our last inspection, we found that when people had been identified as at risk of inadequate nutrition, their weight was not consistently recorded to identify any significant change in weight. In cases where food and fluid charts had been implemented to monitor people's nutrition and hydration, we found gaps in recording. People who ate in the first floor dining room had to wait a long time before they received their food and food intended to be served hot was served cold. People who required assistance to eat did not always receive the support they needed to do so safely. Staff who supported people to eat were not always aware of their individual support needs.

At this inspection, we found that people at risk of inadequate nutrition were weighed regularly and referred for assessment if appropriate. Food and fluid charts were accurate and up to date. People's mealtime experience had been improved. The lunch service on the first floor had been discontinued and people who wished to socialise with others at mealtimes were encouraged to eat together in the ground floor dining room. The cook demonstrated a good knowledge of people's individual dietary needs, such as gluten free and soft diets, and had received guidance on the preparation of specialist diets.

Staff who helped people to eat understood their individual needs and how to provide their support. Staff demonstrated good practice when supporting people. They ensured that people were positioned correctly and provided support at an appropriate pace. They encouraged people to eat and engaged with them positively, making conversation in addition to focusing on the task at hand. Staff told us that increased

staffing levels meant they now had the time to support people appropriately and without feeling rushed. One member of staff said, "We stay for as long as it takes. You have to take your time with [person] to give her the chance to swallow her food properly." Another member of staff told us, "We have more staff now, which means we have more time to spend with people who need one-to-one [support]."

People told us they enjoyed the food provided and were able to have alternatives to the menu. One person said, "The food is very good. They come and ask me what I want. I've put on weight since being here. I like the puddings and the cakes and they do a lovely roast on the weekend. My family can eat here as well." Another person told us, "I prefer to have my breakfast in my room. I usually have porridge but you can have bacon and eggs if you want it." Relatives said their family members enjoyed the food and that they had access to a range of meal choices. One relative told us, "The food is first class. It always looks good and there is plenty of choice." Another relative said of their family member, "She is always offered choices. They offered her lots of alternatives when she lost her appetite to try and get her to eat."

People told us that staff arranged for a doctor to visit them if they became unwell. People's care records demonstrated that they had access to a visiting GP and to other healthcare professionals, such as dentists, opticians and chiropodists. Staff understood their responsibility to monitor people's health and to alert the nurse on duty if they felt a person's condition was deteriorating. One member of staff told us, "We always observe the residents and if there is a change we report it to the nurse in charge."

Requires Improvement

Is the service caring?

Our findings

Some staff did not treat people with dignity or respect their privacy. We observed a member of staff enter a person's bedroom to clean the room. The member of staff did not knock before entering the room and did not speak to or acknowledge the person, who was in bed, at any point whilst they were in their room. On another occasion, while we were speaking with a person in their bedroom, a member of staff opened the door without knocking. The member of staff did not speak to the person but told us they were looking for a colleague who they believed was in the room.

Some staff used the term 'feeds' to describe people who needed support to eat, which did not promote their dignity. We observed occasions where people who were unable to mobilise independently were taken to locations in the building and left to wait unnecessarily. For example people were left to wait in their wheelchairs outside the hairdresser's room for long periods of time while other people had their hair cut. People were also taken to the lounge before lunch and left to wait an unnecessarily long time before being taken to the dining room.

Failure to treat people with dignity and respect meant the provider was breaching Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and respect.

Although there were some incidents in which staff did not demonstrate sufficient respect for people's rights, we also observed examples of staff showing genuine kindness and compassion.
For example we saw staff reassuring people when they became anxious and providing emotional support to people who were distressed. We observed staff support people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening during care and support. We saw examples of staff going out of their way to compliment people on their appearance, which had a demonstrably positive effect on the people concerned.

People told us that staff were friendly and helpful. They said they had good relationships with the staff who supported them. One person told us, "The staff are easy to talk to and they do their very best" and another person said, "The carers are very helpful, they are very patient with me." Relatives told us that the atmosphere in the service had improved in the past year, which had benefited their family members. One relative said, "It's a much friendlier place now. The staff look a lot more cheerful, which has got to be good for the residents. They are always friendly and helpful. They bend over backwards to help." Another relative told us, "Things have definitely changed for the better. It feels more like a family home now." A third relative said, "I think the staff are genuinely caring here. They want to help her, they want her to be as comfortable as possible."

Relatives told us that staff encouraged people to maintain their independence and supported people in a way that promoted this. One relative said, "They know she likes to do certain things for herself and they support her to do this." We observed during our inspection that staff encouraged people to do things for themselves where possible to promote their independence. They supported people to make decisions

about their day-to-day lives, such as what time they got up and went to bed, what they wore and what they ate. People told us that staff knew their preferences about their daily routines and respected these choices. Relatives said that staff supported people to look their best, which was good for their self-esteem. One relative told us, "They make sure he is well presented, which was always important to him."

Relatives told us that their views about their family members' care were sought more regularly than in the past. They said staff had encouraged their involvement in developing a personalised care plan that reflected their family member's individual needs and preferences about their care. One relative told us, "We're much more involved in her care now; they talked to us about her care plan and asked for our input."

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff understood the importance of maintaining confidentiality.

Good

Is the service responsive?

Our findings

At our last inspection, we found that people's needs had not been reviewed to ensure that any changes in need were identified and their care plans updated accordingly. At this inspection, we found the registered manager had begun to review and update care plans for all the people living at the service. The registered manager told us, "When people move in we now make sure their care plan is written straightaway, which it wasn't before. We've improved our recording so that care is now evidenced. We're in the process of updating all the care plans. They're vastly improved but we can still get better and we will."

People who had moved into the service had had a full assessment of their needs before they moved in to ensure that the staff could provide the care and treatment they needed. Where care needs had been identified through the assessment process, these were recorded in people's care plans. Care plans were in place for areas including communication, nutrition, personal hygiene, skin integrity, continence, mobility and pain management.

The updated care plans reflected people's individual needs and preferences about their care. The registered manager had encouraged staff to explore people's personal histories with them as a way of understanding people and events that were important to them. The registered manager told us, "I've encouraged staff to really find out about the residents. They now have time to sit and chat with people." Staff understood the value of knowing people's histories and individual preferences to providing a responsive service. One member of staff told us, "Residents' likes and dislikes are important to us. It helps us get to know them as individuals." Another member of staff said, "The history of residents helps me with looking after them and gives me a chance to talk to them about their past."

People told us that staff responded promptly to their needs. They said staff made the time to listen to them and to understand their needs and wishes. One person said, "The staff always have time to talk and listen. I know that if I asked for anything, I would get it" and another person told us, "Staff are there when you need them but not in the way all the time. If I need something, I only have to ask."

At our last inspection, we found that people did not have opportunities to take part in meaningful activities. At this inspection, people told us the range of activities available had improved. One person said, "There's a lot more going on now. There is something going on most days." Another person told us, "I'm happy with the activities. I join in if I feel like it." Relatives told us that opportunities for their family members to take part in activities had increased. One relative said, "There are more activities now than there were. The activities co-ordinator is very enthusiastic and encourages people to join in whatever is going on." The activities programme was displayed in the service and included music therapy, storytelling, arts and crafts, gentle exercise and quizzes. The activities co-ordinator was not working on the day of our inspection but the registered manager told us the co-ordinator spent time with people who were being nursed in bed on a one-to-one basis to ensure they had opportunities for meaningful activities.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. Any complaints

received had been managed in accordance with the provider's procedures. None of the people we spoke with had made a complaint but all told us they felt able to raise a concern if they were dissatisfied. One person told us, "I know how to complain if something is not right" and a relative said, "I have not needed to complain but I would feel able to if necessary."

Good

Is the service well-led?

Our findings

At our last inspection, we found that the service had not been well-led. There was no registered manager in place and the high turnover of previous managers had led to a lack of effective leadership. Relatives told us that there was no consistency in how the service was run and staff said they had not been adequately supported.

At this inspection, there was a registered manager in post, who had greatly improved the leadership and management of the service. The registered manager had made clear their expectations in terms of care standards and encouraged staff to share their views about how the service could improve. The registered manager told us, "I aim to lead by example. I am very clear about my expectations. I tell people if something is not right. I have an open door policy. I tell staff they can bring any concerns to me. And when things go wrong, we aim to learn from it."

The registered manager had demonstrated a personal commitment to improving the service and worked hard to achieve this. For example the registered manager moved into the service until they were confident that standards had improved sufficiently and that people were receiving safe and effective care. The registered manager started work at 6am each day to ensure they had a handover from the night staff and made sure any changes in people's care needs were communicated to day staff.

Staff told us the registered manager's approach had improved the consistency of leadership they received. One member of staff said, "The manager is very good. She is very clear about what she expects of us. She cares very deeply about the residents. I think she's wonderful." Another member of staff told us, "She's a good manager. She's open and honest and expects the same from us. She explains things very clearly."

Staff said the registered manager had improved the support they received to do their jobs. One member of staff said, "I feel supported by [registered manager]. She is brilliant. If you have a problem, she listens. She is working so hard to change this place; you couldn't get a better manager." Another member of staff told us, "I do feel we [staff] are listened to now. We are encouraged to contribute our ideas." A third member of staff said, "Team spirit is better now. This is good for staff and for the residents also."

The registered manager had increased the extent to which people and their relatives were consulted about how the service was run. People told us the registered manager was available if they wished to speak with them and had made an effort to get to know them individually. They said they had been asked for their views about different aspects of the service, such as meals and activities. The registered manager had introduced bi-monthly relatives' meetings and emailed the minutes to all relatives, which meant that those unable to attend also received them.

Relatives told us the registered manager had improved the response to any concerns they raised and that they felt assured the registered manager would always take any action needed to address their concerns. One relative said, "The communication has improved no end. [Registered manager] has always listened to what I've had to say and if something is not up to scratch, she makes sure it's addressed." Another relative

told us, "From the top down things have improved. [Registered manager] is brilliant. She is very friendly but she is not afraid to be forthright if she thinks something's not being done correctly."

The registered manager had driven improvements in the standards of recording and of quality monitoring. Staff told us the registered manager had been clear about their expectations in terms of how care was recorded. One member of staff said, "The documentation is much better now. All our recording is up to date and the detail is there." The records we checked relating to people's care were accurate, up to date and stored appropriately. They provided information about the care people received, their health, the medicines they took and the activities they took part in. They provided evidence that health and social care professionals had been involved where necessary to ensure people received the care they needed.

The registered manager had introduced audits on key areas of the service, such as clinical governance, accidents and incidents, care documentation and medicines management. A report of each audit was produced and where areas were identified for improvement, there was evidence that action had been taken to address them. There was also a service improvement plan in place, which was regularly monitored by the registered manager and the provider. The plan identified areas in which standards could be improved to achieve benefits for people living at the service and staff.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered person had failed to ensure that service users were treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had failed to implement effective measures for the prevention, detection and control of infections.