

Burlam House Limited

Apple Mews Care Home

Inspection report

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Date of inspection visit:
02 October 2018
04 October 2018

Date of publication:
13 November 2018

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 2 and 4 October 2018. The inspection was unannounced, which meant that the staff and provider did not know we would be visiting.

Apple Mews Care Home is a purpose built, detached building in a residential area of Middlesbrough. It is set out over three floors. This service provides support and accommodation for up to 45 people who are assessed as requiring residential or nursing care.

Apple Mews Care Home 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. The service is registered for up to 45 people. At time of our inspection there were 30 people living at Apple Mews Care Home.

There was a registered manager in place. 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 inspection in October 2017 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to Safe care and treatment, Premises and equipment, Good governance and Staffing. Following the inspection, the provider sent us an action plan which detailed actions already taken and those yet to be completed. All actions had dates in place by which the registered provider expected them to be completed.

At this inspection we reviewed the action the provider had taken to address the issues we found at the last inspection. We noted that improvements had been made however we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Safe care and treatment and Good governance. You can see what action we told the provider to take at the back of the full version of this report.

This is the second time the service has been rated Requires Improvement.

Information in care records including how to manage risks to individuals was not always in place and was sometimes contradictory.

Medicine were not always managed safely and medicine recordings were not always made appropriately.

Audits had not identified the issues we found with records and medicines during this inspection.

We received mixed feedback about the number of care staff on duty being sufficient to ensure people's needs were met effectively.

Staff had not always received supervision in line with the provider's policy. Staff however, said that they felt they could approach the management team if they had any issues.

Policies and procedures were in place to support staff in protecting people from harm, such as safeguarding and whistleblowing policies. Staff knew how to identify and report suspected abuse. People and their relatives felt the service was safe.

Safe recruitment practices were in place. Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with vulnerable people.

People were not always supported to have maximum choice and control of their lives. Best interest decisions were in place for people who were unable to make some of their own decisions however some of these required further work.

The environment was clean and staff knew how to help control the spread of infection. Equipment checks were undertaken to help ensure the environment was safe. Emergency contingency plans were in place.

People had access to a range of healthcare services such as GPs, hospital departments and dentists. People's nutritional needs were met.

The premises were spacious and tidy however signage could be improved to better meet the needs of those people living within the home who have a dementia type illness.

People were supported by a regular team of staff who were knowledgeable about their likes, dislikes and preferences. The visitors we spoke with told us that they were made welcome.

Staff members were kind and caring towards people. People's privacy, dignity and independence were respected. The policies and practices of the service helped to ensure that everyone was treated equally.

Care plans included information about people as individuals including their preferences. End of life care procedures were in place.

Staff encouraged people to access a range of activities and to maintain personal relationships.

Meetings for people, relatives and staff took place regularly.

The service worked with a range of health and social care professionals to help ensure individual's needs were being met. Feedback was sought to monitor and improve the service.

Learning took place following reviews of accidents and incidents where themes and trends were addressed. A complaints policy and procedure process was in place.

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.

Information about risks to people was not always documented appropriately. Some people's care files contained contradictory information.

Medicines were not always managed safely. Medicine recordings were not always made appropriately.

We received mixed feedback about staffing levels.

Staff knew how to keep people safe from harm and avoidable abuse. Recruitment practices helped ensure suitable staff were employed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not have supervision sessions in line with the provider's policy.

Consent was sought from people before tasks were undertaken however further work was needed regarding the recording of these.

Staff had the training they required to meet the needs of the people they supported.

Is the service caring?

Good ●

The service was caring.

People and their families told us staff were caring.

Staff knew the people they were caring for well.

People's independence was promoted.

Relatives told us they were made welcome.

Is the service responsive?

Good ●

The service was responsive.

A range of activities were on offer to people living at the service.

People knew how to complain if they needed to.

End of life policies and procedures were in place for when they were needed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality assurance systems were in place however they had not identified the issues with records and medicines that we found during this inspection.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

People and staff told us the registered manager was approachable.

Apple Mews Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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, comprehensive inspection took place on 2 and 4 October 2018 and was carried out by one adult social care inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals who had worked with the service to gather their views on the service being provided at Apple Mews Care Home.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to Care Quality Commission (CQC) by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with seven people who used the service and six relatives of people using the service. We reviewed a wide range of records, including five people's care records and four people's medicines records.

We looked at four staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service.

We spoke with 12 members of staff, including the registered manager, the deputy manager, five care staff, an activities coordinator, three catering staff and the maintenance person. We also spoke with the provider's representative.

Is the service safe?

Our findings

People's care records did not always include clear information in order for staff to support them. General risks to people and staff such as bathing people, laundry work, and use of wheelchairs had been identified and control measures had been put in place to reduce the risks. Individual risks to people had also been identified such as mobility, falls and use of bed rails. However, the information held in people's files was sometimes contradictory. For example, for one person we saw a diabetes care plan and protocol but these contained conflicting information as to when staff should check the person's blood sugar levels and the actions to take if sugar levels were too low or too high. When we spoke to staff about what they would do if the person's blood sugars were high or low, the information they provided was contradictory to both the care plan and protocol. We discussed this with the nurse on duty who told us that they would seek advice from the diabetes specialist nurse.

One person was being fed via a Percutaneous Endoscopic Gastrostomy (PEG) tube. A PEG is a procedure to place a feeding tube through the skin and into the stomach to give the nutrients and fluids needed, if people are not able to eat or drink. There was conflicting information within the person's care plan, PEG risk assessment and aspiration risk assessment. We spoke to the nurse who told us they would ensure the documentation was updated. Records showed that one person had a diagnosis of asthma, however there was no care plan in place to manage this safely. Another person had an asthma care plan, however this required updating to reflect the actions staff should take in the event of an attack occurring.

People had detailed care plans to inform staff of the intervention they required to ensure healthy skin. However, we noted conflicting information regarding one person's pressure relieving mattress on their care plan, risk assessment, positioning chart and wound care plan. We could not be confident that the person's pressure care needs were being met. The nurse of duty told us this would be addressed.

At that last inspection we found that medicines were not always managed safely. At this inspection we found further issues with medicines. For example, some people were prescribed PRN (as required) medicines. Some PRN protocols were not in place to assist staff by providing guidance on when the PRN medicines should be administered. One person was prescribed six PRN medicines and had no PRN protocols for these. We also found gaps in medicine records including transdermal patch forms and topical MAR sheets for creams. We saw that one person was prescribed a medicine which should be taken on an empty stomach 30 minutes before food however the person's MAR chart stated that it should only be taken on a morning.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to Safe care and treatment.

We observed a medication round and saw people were given the support and time they needed when taking their medicines. Staff who administered medication had their competency assessed.

We observed that food thickeners had been left on clear display in some people's bedroom where doors were left open. This may present a risk to other people using the service. We discussed this with the

registered manager who immediately addressed the issue to ensure they were stored safely.

At the last inspection we found that people were not always supported by enough staff to meet their needs. At this inspection we saw that the number of staff on duty was the same as at the last inspection. The registered manager told us that staffing levels were sufficient due to a reduction in the number of people currently supported. The registered manager regularly assessed staffing levels were sufficient using a dependency tool which had calculated staffing levels to be adequate.

We observed that the floor for people requiring nursing care staff was extremely busy. Seventeen people were living in the nursing care unit. The people we spoke with during the inspection and most relatives did not raise concerns about staffing levels. However, one relative told us [of the nursing floor], "'This is a very demanding floor with high dependency. Sometimes they are stretched at night, very much so.'" Records showed that during the day the nursing floor was usually staffed by one nurse and three care staff. On the second day of our inspection there were only two care staff and one nurse working on in this unit. Records showed that one person's positional turns were over an hour late due to the staff shortage on this day. We were informed by the registered manager that this was an unusual occurrence as a staff member had rang in sick. A staff member told us, "Domestics are having to help out and feed people...staff feel upset they can't do what they want to do. It upsets you. It is a good home." Another staff member told us, "This is the first day in ages I can remember being short staffed."

We observed that nursing staff were very busy whilst on duty. They were attending to people's clinical needs and answering the telephone and staff queries as well as helping care staff out when people needed two to one support and carers were busy elsewhere. They told us they did not have protected time to complete and update care plans. The registered manager informed us that each nurse was responsible for only four care plans so this was not required. They told us that the deputy manager was allocated six hours per week on a supernumerary basis to complete paperwork however, we saw that between 9 July and 9 September 2018 the deputy had only worked off rota for five and a half hours.

We asked people and their relatives if they felt Apple Mews Care Home was safe. One person said, "Yes, it feels safe to be here." Another person said, "'Yes it feels safe and secure, I felt it as soon as I arrived.'"

Systems and procedures were in place to keep people free from abuse. Staff we spoke with understood how to keep people safe including what to do if an allegation of abuse was made. The staff team received training in safeguarding and were aware of whistleblowing procedures. They informed us that they were confident the registered manager would respond to any concerns raised.

We looked at four staff files which showed that safe recruitment procedures were in place and followed. Staff completed an application form and any gaps in their employment history were checked out by the provider. Two references were obtained prior to staff starting work at the service. A Disclosure and Barring Service (DBS) check was carried out before staff commenced work. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people from working with children and vulnerable adults.

Regular fire drills had taken place. The fire alarm was tested on a weekly basis and fire equipment was serviced regularly. People had Personal Emergency Evacuation Plans (PEEPs) which informed the staff of how to help them leave the building quickly in case of an emergency. The service had evacuation chairs to help people leave the top floor quickly in the event of a fire however, we identified that staff had not had training in this area. We discussed this with the registered manager who told us that this training would be sourced.

Contingencies were in place to keep people safe in the event of an emergency. The provider had a business continuity plan which set out how people's needs would continue to be met in the event of an unforeseen incident such as a flood or power failure. Staff had guidance on who to contact in the case of such an emergency.

People were transferred using equipment in a safe manner. One person told us, "When I need to be moved, they use slides, the staff do it slowly to make it easier." Regular checks of hoists and lifting equipment had taken place to ensure the movement of people was undertaken safely. We identified however that one person's pressure relieving mattress had failed. There was no guidance available to staff as to what the correct mattress setting for the person should be. This issue was addressed by the registered manager by the second day of the inspection.

Equipment was maintained in line with manufacturer's recommendations. Checks were made regularly on items such as hoists and wheelchairs to ensure they were safe to use. Records showed that regular maintenance checks of the building took place. The maintenance person carried out daily and weekly checks of the building, including checks of window glass and grab rails. Certificates showed that checks had been carried out in areas such as gas safety, electrical appliances and emergency lighting.

Infection control policies were being followed by staff in their day to day practices such as wearing gloves and aprons to help control the risk of infection. Staff told us they had supplies of personal protective equipment available to them whenever they needed it.

The registered manager gave us instances of how lessons had been learnt. For example, around how to reduce the risk of unsafe admissions taking place.

Records showed systems were in place for reporting, recording, and monitoring of significant events, such as incidents, falls and accidents.

Is the service effective?

Our findings

At the last inspection we found that people were supported to make decisions but we found that where best interest decisions were made, these were not recorded appropriately. At this inspection we found some improvements had been made in this area however further work was needed.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the care home was following the requirements of the Act regarding DoLS. We spoke to staff and they showed an understanding of the principles of the MCA.

Care records contained signed consent forms where people agreed to their support. One person told us, "Yes I have been involved in the planning of my care since I had health problems." We found however, one person who used the service was unable to sign themselves and a best interest meeting had not taken place with the person, staff and other professionals involved in their care. Another person was unable to sign themselves and we identified that a non-legally authorised representative had signed on their behalf. The nurse told us they would address this.

Mental capacity assessments and best interest decisions had been completed for people's care and treatment where people were unable to make their own decisions, for example for use of a hoist, lap strap and bed rails. For one person we saw records of best interest decisions which showed involvement from people's family and staff. However, for another person we saw records of best interest decisions which showed involvement from the deputy manager alone and did not involve people's family and other professionals.

Some people had made advanced decisions on receiving care and treatment and 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders had been completed.

We looked at the training records of staff. We identified that care staff received the training they needed to undertake their roles effectively. However, not all nurses had received all of the training in the clinical skills they required to meet the needs of the people they supported for example, in catheter care. The registered manager told us this would be addressed.

We found at the last inspection that carpets on the first-floor needed cleaning or replacing and the laundry room needed attention. There was a strong malodour present. The laundry did not have a sink for staff hand washing. At this inspection we found improvements had been made in these areas. The carpets on the first floor had been replaced with new flooring and provision had been made to enable staff using the laundry to wash their hands.

Staff inductions were completed. New staff spent three days shadowing an experienced member of staff. Reviews of progress were held with new starters during their probationary period. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member told us that supervision was, "Helpful because it identifies things needing dealing with." We identified that whilst staff had received supervision this was not carried out in line with the providers policy. For example, we saw one staff member had only had one supervision meeting in a 10-month period. The provider's policy stated that staff should receive supervision at least five times a year as well as an annual appraisal. Staff told us that the registered manager was available for support if they had any issues they needed to discuss.

Clinical supervision is a formal process of professional support and learning that addresses practitioner's developmental needs. Nursing staff did not receive formal clinical supervision to maintain and update their clinical knowledge. However, the registered manager told us this was undertaken during meetings they held with nurses and senior staff.

Handovers took place at the beginning of each shift. This enabled staff on shift to gather the up-to-date information they required to support people. Staff recorded how people had been throughout the day and overnight, and records included information about care and support that had been given.

The care records we looked at demonstrated how the person's needs were assessed on admission to the service and then on a regular basis.

Some people received support with managing food and nutrition. Systems were in place to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. For one person we saw that they had been assessed by a speech and language therapist and an appropriate diet and fluid regimen had been recommended. People's nutritional health was monitored using a screening tool (MUST). MUST identifies adults, who are malnourished, at risk of malnutrition (undernutrition) or obese. MUST assessments and weight recordings in the files we viewed were up-to-date. Where needed, people's food and fluid intake was monitored and recorded however, we identified that records kept did not include the portion sizes offered which made analysing the results difficult.

We received mixed feedback about the food at Apple Mews. One person told us, "The food starts to be a bit repetitive, it's hot and tasty but I think they have cut back on the food." We were informed by catering staff that the menu was currently under review as it had been identified that it could sometimes be repetitive. People told us they had a choice of meals however pictorial menus were not available to help people choose their meals easily. One person said, "If you want something else you just have to ask, they go out of their way. It's hot and nicely presented and Sunday dinners are lovely. For drinks, there is tea and anything you want. If you want a can of coke and someone is going to the shop, they'll bring you one. Last night I wanted a cheese toastie and they made one." We received several comments regarding a lack of choice of vegetables.

The catering staff we spoke with were knowledgeable about specialist diets and provided for specific needs such as pureed diets. People were given the opportunity to feedback their views about the meals.

Care plans contained information on the involvement of professionals such as GPs, physiotherapists and occupational therapists. Care plans reflected people's needs and clearly showed where referrals to healthcare professionals had been made. One person told us, "They are good at making arrangements if you need to go to the hospital."

At the last inspection we were told by the previous manager that they had plans to make the environment more suitable for people living with a dementia type illness including better signage. Some basic signage was in place to meet the needs of people living with a dementia type illness. The registered manager told us that they recognised this was an area that could be developed to better meet the needs of people supported.

People's bedrooms were personalised with their own belongings to make them feel at home. One person told us, "Everything is so clean, nice furniture [the person's] bed is always clean." Another person said, "My room was arranged specially, it took a while to set it up." The design of the building did not restrict the use of equipment to aid people's mobility.

Is the service caring?

Our findings

People told us they felt staff were very caring and they were happy living at Apple Mews Care Home. We observed staff providing support in a patient, caring manner. People told us staff were polite and included them when making decisions about how they wanted their care provided.

One person told us, "They can always tell you are a bit down. They are friendly and approachable. That's why I chose here, I went to school with some of their families [the staff]. If you need something extra, if you are in pain, they ask do you need anything stronger, you can buzz for it." Another person told us, "They are good staff, kind, compassionate, approachable."

The staff we spoke with were able to give detailed histories of the people who used the service, including their likes, dislikes and the best way to approach and support the person.

A relative told us, "The staff are caring and treat [person's name] with kindness. There is privacy and dignity. Communication is good and they keep me well informed of any problems. The staff are lovely towards me as well."

Staff made sure that people's dignity was upheld. For example, one staff member told us how they ensured that a person's bedroom was smelling pleasant when they had finished supporting them with personal care as the person could get embarrassed otherwise.

During our inspection we saw and heard people chatting in a relaxed manner with staff and sharing jokes with them. All the interactions we observed were positive and encouraged people to feel comfortable and cared for. Members of staff explained what they were going to do before doing it and gave people time to think and respond. Where needed staff simplified or repeated information to ensure people had understood what had been said.

We observed staff encouraging people to make choices in as many areas as possible for example with drinks and snacks and the activities they wanted to participate in. Staff made sure each person was aware of the options available to them. People confirmed they were given choices.

Staff received equality and diversity training to help them provide for people's individual needs and the provider had an equality and diversity policy. Information regarding people's religious and cultural needs was gathered prior to admission. The registered manager told us that where people had an identified need or preference in this area it would be recorded within the person's plan of care.

We observed staff supported people to be independent. One person visited the shops on the first day of this inspection. One person told us, "As long as you tell them, you can go out. One bloke had a scooter and went out every day."

People told us that they were supported to maintain contact with their family and friends.

Advocacy information was available for people if they required support or advice from an independent person. A record was maintained of advocate visits. An advocate acts to speak up on behalf of a person who may need support to make their views and wishes known. One person told us, "If I needed advocacy, I know they would arrange it."

Is the service responsive?

Our findings

People's nursing and care needs were assessed before they moved into the service, to make sure the person's individual needs could be met. Following an assessment, plans of care and support were developed to record how to provide the care the person required. Where people had specific health conditions, these were recognised as requiring an individual plan to ensure all necessary care was taken to maintain good health or avoid deterioration in the person's health and well-being. We did however identify some inconsistencies and gaps in the records maintained as noted in the safe domain of this report.

People's plans of care, provided staff with guidance about the best way to support people as individuals and reflect their identity. We saw that where they could be, people had been involved in agreeing their plans of care. The care files we looked at contained person centred information on people's support needs. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example, one person's plan noted that the person 'likes to go out with their support worker, loves music, singalongs and dancing.' A relative told us, "I have been involved in planning of [name of person's] care, [their] likes and dislikes, the history of their life. A memory box was a good idea."

People's religious, cultural and spiritual needs were identified and recorded in their pre-admission assessment. The registered manager told us about how the service was currently supporting two people with their religious and cultural needs. Catering staff ensured food was provided which met two people's different specific requirements in this area. The registered manager told us how they had ensured that a Muslim person was given the option of having an imam visit should they choose to do so. A church service took place regularly within the home.

Communication care plans were in place. We saw specific information for staff to follow in relation to how they engaged with people. This approach meant staff provided responsive care, recognising that people living with communication challenges could still be engaged in decision making and interaction. For example, one person's plan noted that the person, 'can communicate their needs verbally' however when the person was undertaking tasks such as getting dressed 'complex questions will confuse them and they will not answer.'

Where people needed information to be provided in an alternative format such as large print the management team told us that this would be sourced for them on an individual basis.

A range of activities was provided within the home. We spoke to the staff member who arranged activities. They told us recent activities had included quizzes, word games, ball games and reminiscence. They told us that a singer had visited monthly. One person told us, "We play bingo, games, cards, something nearly every day, it keeps your mind occupied."

We found that activities had not been recorded for those people who were unable to access group activities. However, people who told us that staff spent one-to-one time with these people in their bedrooms chatting with them or carrying out pamper sessions. One person told us, "I can't do activities but the entertainment

lady brings a paper in and posts my competitions. They will also phone up for a takeaway. There are nice touches, they do things they don't have to do." We discussed the recording of one-to-one activities with the registered manager who told us more detailed recordings would be made in future in this area.

Wi-Fi internet access was available for people to use within the home if they chose to use it. One relative told us, "They do look after [person's name]. They have Wi-Fi and arranged for access to his computer."

The service had a complaints policy and procedure in place including a pictorial complaints procedure. Records showed complaints were managed appropriately with a documented outcome.

Policies and procedures were in place to support people with end of life care. Staff knew how to work with people requiring additional support at this important time. We saw that where people had wishes in this area, an end of life care plan documented these. For example, one person had already planned their funeral with a friend in line with their religion. A letter had been written documenting the person's preferred funeral plans. The plan also documented that the person wished to be cared for within the home rather than in a hospital when the time comes.

Is the service well-led?

Our findings

At the last inspection in January 2017 we identified that quality assurance processes within the service were not robust. It was evident during this inspection that the registered manager had made improvements to the service since registering with CQC in February 2018 and they were keen to develop and improve the service further. We identified that more regular audits had been implemented by the management team covering a wide range of areas. Provider visits had taken place regularly. Audits undertaken by the provider covered areas such as home presentation, new admissions, review of accidents, complaints and training. However, we found ongoing issues with the governance of the service. Quality assurance processes had not identified the issues we found with care recordings, risk assessment and medicines. Where issues had been identified in audits they were not always signed off as completed.

Peoples care records were not stored appropriately at our last inspection. On the first day of this inspection we found that people's progress notes were left in a file in a communal area and personal information about some people was in sight in front of their bedrooms. We discussed this with the registered manager who informed us they would address this immediately.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Good governance. People, relatives and staff spoke highly of the registered manager. One relative said, "The manager is lovely. If anything goes wrong, they get to the bottom of it." The registered manager was clearly a visible presence within the home.

We identified at the last inspection that little feedback was sought from stakeholders and little action had been taken to address feedback when received. At this inspection we found improvements had been made in this area with surveys undertaken. The results of these had been analysed and used to inform action plans and allow improvements to be made.

Meetings were held for people living at the service and their relatives. These covered topics such as staffing updates, the environment and the quality of care provided. Meetings for staff were also held at regular intervals. Minutes were maintained and made available to staff to read. These minutes detailed the matters discussed, actions that needed to be taken and by whom. Staff told us they felt able to express their views at team meetings.

The service was working in partnership with other health and social care agencies to meet people's needs. Records showed that where advice had been given by external agencies the new management team had ensured the advice was followed. The registered manager had encouraged the use of volunteers and health and social care students within the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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
Treatment of disease, disorder or injury	<p>The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment and do all that is reasonably practicable to mitigate any such risks.</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1) (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person supported.</p> <p>Regulation 17 (1) (2)</p>

