

Mauricare Limited

Ashfield House

Inspection report

Tamworth Road
Keresley End
Coventry
CV7 8JG

Tel: 02476331133
Website: www.mauricare.com

Date of inspection visit:
28 September 2022

Date of publication:
18 October 2022

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

About the service

Ashfield House provides accommodation, personal and nursing care for up to 47 older people. At the time of our inspection visit 35 people lived at the home. Accommodation is provided across two floors in a converted residential house.

People's experience of using this service and what we found

Risks associated with people's care, their medicines and fire safety were not always identified and well-managed. This placed people at risk of harm. People felt safe living at Ashfield House. The management and staff team understood their responsibilities to keep people safe. Staff had been recruited safely and there were enough staff available to meet people's needs. Staff demonstrated safe infection prevention and control practice.

A new management team had been appointed and management level oversight had improved since our last inspection. Whilst some improvements had been made further improvement was needed to ensure the providers governance systems were effective and shortfalls in the quality and safety of the service provided were identified. People, relatives, staff and visiting professionals spoke highly of the management team. The management team recognised they needed further time to embed the changes they had made. They demonstrated their commitment to addressing other aspects of service delivery to continue to improve outcomes for people.

Some staff training was not up to date. Action was planned to address this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had access to health and social care professionals. However, the advice provided by health care professionals was not always clearly recorded to support safe care. Staff felt supported and valued and they received support through an initial induction and individual, and team meetings.

People were supported to make choices and were involved in making decisions about their care and support. Staff were kind and caring and they had built positive relationships with people which ensured their rights were upheld and their independence was promoted.

Care and support was provided in line with people's needs and preferences. Action was being taken to improve the detail and accuracy of information contained within care records to help staff provide personalised care. Opportunities for people to follow their interests and do things they enjoyed continued to be limited. Plans were in place to address this. Whilst people knew how to complain complaints were not always managed in line with the provider's expectations. People and relatives were encouraged to share their views about the service they received. Recent feedback showed satisfaction levels about the service provided and how the home was managed had increased.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 17 February 2022) and there were six breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made. However, the provider remained in breach of two regulations.

This service has been in Special Measures since 17 February 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashfield House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified continued breaches in relation to people's safety and governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was always not well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashfield House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by three inspectors and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE who supported this inspection had experience of care of older people and those living with dementia.

Service and service type

Ashfield House 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.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for two months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 11 people and four relatives about their experiences of Ashfield House. We spoke with nine members of staff including the provider, the manager, the deputy manager, senior carers, care staff and the laundry assistant. We also spoke with three visiting health care professionals.

We observed the care people received in communal areas and reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and support and a range of records relating to the management of the service, including audits and checks and policies and procedures.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider's systems and processes were not sufficient to demonstrate risk associated with people's care and the environment was well managed. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At our last inspection risks associated with people's care and fire safety were not always well managed. During this inspection we found the same concerns.
- Known risks had not always been assessed. A catheter risk assessment was not in place for one person who had lived at the home since June 2022. The same person was known to be at risk of choking and required the use of bedrails to reduce the risk of them falling out of bed and being injured. These risks had not been assessed.
- Some risk assessments contained conflicting information which was confusing for staff. One person had fallen on six occasions during September 2022. Their falls risk assessment informed staff the person was independently mobile with the aid of a walking frame. This conflicted with the person's care plan which instructed staff to assist the person when they walked around. This meant staff did not have the accurate information they needed to keep the person safe and prevent them from falling.
- Staff did not always follow instructions to keep people safe and manage risks. One person was at high risk of developing sore skin. The manager told us staff assisted the person to reposition their body when they were in bed every four hours to reduce this risk. Position change records indicated staff had not followed those instructions which placed the person at risk.
- Fire safety risks were not always identified and managed safely. One person's bedroom door had a hole in it following the removal of a lock. Furthermore, the door did not fully close into the door rebate. This meant the bedroom door would not provide protection to keep the person safe in the event of a fire.

Systems and processes were not sufficient to demonstrate risk was identified, assessed and mitigated. This exposed people to the risk of avoidable harm. This was a continued breach regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediate CQC prompted action was taken to address this fire safety risks.
- Other people's risk assessments were detailed, accurate and up to date.

- The manager told us they needed more time to improve risk management to ensure safe care and treatment was always provided. Plans were in place to achieve this.
- Some aspects of fire safety risk management had improved, including staff's knowledge of the provider's emergency procedures and the accuracy of important information staff and the emergency services needed to keep people safe, in the event of a fire.

Using medicines safely

At our last inspection the systems and processes designed to ensure people's medicines were managed and administered safely were not effective. This was a breach of regulation 12 (2) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Some aspects of medicines management were not managed safely in line with the provider's policy and best practice guidance.
- Previously, records did not show creams had been applied to people's skin as prescribed and some prescribed creams did not have their dates of opening recorded. This is important to ensure creams in use remain effective. At this inspection we found the same concerns. The manager told us action was planned to address this.
- Controlled drugs (medicines that require stricter controls) were not managed safely. One staff member had not witnessed the administration of a person's medicine. However, we saw they signed the controlled drugs book to say they had. This was poor practice and was not in with the National Institute for Health and Care Excellence (NICE) guidance for the safe use and management of controlled drugs.
- Some people received their medicine through a patch applied by staff directly to their skin. Records had not been completed to show where on the body the patches had been applied. This is important to ensure application sites are rotated as per manufacturers guidance to prevent harm.
- A system was not in place to ensure medicines purchased over the counter for the relief of a minor ailments without the need for a prescription were managed safely. For example, there was no record to show when these types of medicine had been administered and why. This meant the provider could not demonstrate to whom, if or when these medicines had been given in line with NICE guidance. This was unsafe.

We found no evidence that people had been harmed however systems and processes were not sufficient to demonstrate people's medicines were managed and administered safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other aspects of medicines management had improved. A staff member told us, "We have definitely improved with medication. We have worked really hard I know we will get there."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider's systems and processes were not sufficient to protect people from the risk of abuse. This was a breach of regulation 13 (1) (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 13.

- People felt safe living at Ashfield House. Comments included "I feel safe. The staff make me feel safe. They are always there for you," and, "I feel very lucky to be here. I feel safe. I trust the staff."
- Staff received training in safeguarding adults and understood their responsibilities to report any safeguarding concerns. Staff were confident the manager would take appropriate action to protect people from harm.
- Systems and processes were in place to protect people from the risk of harm. The manager understood their responsibility to report concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of staff available to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 18.

- People told us the availability and consistency of staff during the daytime had improved. One person said, "I ring my bell and they (staff) come within minutes." A relative told us, "I come every day. If I press the buzzer for him, staff come straight away. Were very lucky we found this place." However, people told us night staff did not always respond in a timely way when they pressed their call bell for assistance. We shared this feedback with the manager who assured us they would take action to address this.
- Staff felt there were enough of them to meet the needs of the people who lived at Ashfield House. One staff member explained how the reduction in the use of agency staff had improved safety. They said, "We rarely use agency now. It's so much better for the residents because they know us, and we know them."
- Whilst staffing levels reflected those determined by the provider's 'dependency tool' the manager told us people would benefit from increased staffing levels at busy times of the day. The increase had been approved by the provider and plans were in place to implement this change.
- Staff had been recruited safely in line with the providers procedure.

Preventing and controlling infection

At our last inspection the provider had failed to ensure government guidance was followed to ensure risk associated with the prevention and control of infection was effectively managed. This was a continued breach of regulation 12 (2) (h) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 12 (2) (h).

- We were assured the provider was using PPE effectively and safely.
- We were assured that the provider was admitting people safely to the service.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.

- We were assured the provider's infection prevention and control policy was up to date in line with current guidance and implemented effectively to prevent and control infection.

Visiting in care homes

- The provider facilitated visits for people living in at Ashfield House home in accordance with current guidance.

Learning lessons when things go wrong

- The management team demonstrated a shared commitment to learning lessons. They had recently introduced a system to enable the monthly monitoring and review of accidents and incidents to identify any patterns or trends. Findings from this analysis were shared with staff in an attempt to prevent recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider's systems and processes were not sufficient to protect people from the risk of abuse. This was a breach of regulation 13 (1) (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 13. However, further improvement in this area 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- Processes were in place to assess people's mental capacity and when necessary, make best interest decisions on their behalf. However, the manager recognised record keeping in relation to this needed to be improved. They told us, "We are already improving documentation and our mental capacity paperwork. Another area we know needs to be better."
- The manager understood their responsibilities under the Act. Where needed, to keep people safe, authorisations were in place to restrict people's liberties.
- People told us, and we saw staff worked within the principles of the Act by seeking people's consent prior to providing their support.
- Staff had completed MCA training to help them uphold people's rights.

Staff support: induction, training, skills and experience

- Training for some staff was not up to date, including infection control and catheter care. The manager told us plans were in place to address this.

- People had confidence in the skills and knowledge of staff members. One relative told us, "They (staff) certainly know what they are doing."
- Staff spoke positively about the training they had completed and confirmed they received an induction when they had started working at the home. The providers staff induction reflected nationally recognised induction standards.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to Ashfield House. Assessments encouraged people to share their likes, dislikes, preferences and lifestyle choices. Information gathered was shared with staff to help get to know people and understand people's needs.
- Discussion with staff members confirmed they knew people well and understood how people preferred their care and support to be provided.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- People had access to a range of health and social care professionals. During our inspection some people received visits from district nurses, opticians and a nurse practitioner. One healthcare professional told us, "They are very good at contacting us if they think there is a problem or need some advice."
- Whilst the manager and staff sought advice from healthcare professionals their advice was not always clearly recorded. For example, recommendations made by the speech and language team to reduce the risk of a person choking. However, staff told us, and records showed the person's food had been pureed in line with advice.
- At our last inspection people shared mixed views about the quality and range of foods available. During this visit feedback we gathered demonstrated improvements had been made. One person told us, "I didn't like the food at first, now it's fantastic. Now we have a new menu."
- The mealtime experience had improved. Tables were laid with cloths, cutlery and condiments. Staff were attentive and we saw they chatted with people in a relaxed and friendly way.

Adapting service, design, decoration to meet people's needs

- The environment was homely.
- People were encouraged to personalise their bedrooms with pictures, photographs and treasured items.
- The provider had a rolling refurbishment programme in place to ensure the home was a nice place for people to live. However, a number of minor repairs had not been completed in a timely manner at the time of our inspection visit. The manager told us, "It can be difficult as we don't have our own maintenance man at the moment."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported

At our last inspection the provider had failed to ensure people's privacy and dignity was promoted and respected. This was a breach of regulation 10 (1) (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 10.

- People's rights were respected, promoted and upheld. One relative explained the way staff provided care and support had increased their family members independence and maximised their dignity. They added, "[Person] is much happier now..."
- People were supported by staff who they described as 'wonderful, brilliant and respectful'. Relatives agreed. One person liked football and their relative told us staff reminded them each time a football match was on television, so they did not miss it. They added, "Staff have a very caring attitude."
- Staff practices demonstrated people mattered. Staff spoke fondly and respectfully about the people they supported with whom they had developed positive relationships.
- People, and where appropriate relatives, were involved in planning and reviewing their care and support.
- The atmosphere at Ashfield House was welcoming and relaxed. We saw people made choices about where and with whom they spent their time. One person said, "I like the company in the lounge, but I like the quiet in my room."
- Staff felt valued and cared for. One staff member said, "Things have changed with the new managers. It's so much better. You can speak up and they are interested in our thoughts."
- People's personal information was managed in line with data protection law.

Supporting people to express their views and be involved in making decisions about their care; Respecting equality and diversity

- People were encouraged to give feedback about the service and contribute to decisions made about the home. For example, a meeting had been held to gain people's individual views about the menu and choice of foods.
- Staff had completed equality and diversity training and understood the importance of learning about, and respecting people's differences. One staff member explained they spent time chatting with people. They added, "We need to know all about them...all the little things...without knowing that we can't provide good

care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people received person-centred care that met their needs. This was a breach of regulation 9 (1) (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 9. However, further improvement was needed.

- Previously, people's care plans were not always detailed, personalised or up to date. At this inspection improvements had been made. Five of the seven people's care plans we reviewed were detailed and up to date. However, further improvement was needed. For example, a care plan had not been written to inform staff how to support a person with their oral hygiene as recommended by a health care professional. Another person's care plan did not inform staff the frequency at which they needed to support the person to reposition, whilst in bed, to reduce the risk of their skin becoming sore. The manager told us, and the local authority confirmed they were supporting the manager to achieve this. Despite this recording omission staff had assisted the person to change their position.
- At our last inspection staff had not always completed daily records to confirm the care people needed had been provided. During this visit we found most daily records had been fully completed. One staff member told us, "We have got better at doing the records and we are working hard to get it all right."
- People told us they received personalised care from staff they knew. One person told us, "Staff all know me well and my little quirks."

Support to follow interests and to take part in activities that are socially and culturally relevant to them;
Supporting people to develop and maintain relationships to avoid social isolation

- People continued to have limited opportunities to spend their time doing things they enjoyed and were of interest to them. The manager told us, "This is a key focus. Recruitment for an activities coordinator has proved difficult but interviews are planned." They went on to explain when recruited the activity coordinator would work over a seven-day period rather than just on weekdays to meet people's needs.
- People told us, and we saw their friends and family were able to visit when they chose. One relative said, "We can come anytime and are always made to feel welcome. This manager is very friendly."

Improving care quality in response to complaints or concerns

- Complaints were not always managed in line with the providers procedure. A staff member had recorded

a relative's complaint on the electronic 'log my care' system. However, staff had not ticked the necessary box on the system to ensure the complaint was brought to the managers attention for them to address. This meant the complaint had not been investigated. When we alerted the manager to this, they assured us they would immediately speak with the relative and apologise.

- People and relatives knew how to raise a complaint and told us they felt able to do so. A copy of the provider's complaints procedure was on display in the home.

Meeting People's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was not familiar with the AIS. They acknowledge this shortfall and assured us this was an area they would familiarise themselves with.
- Care records contained information which helped staff understand people's communication needs for example, if they wore hearing aids and glasses.
- Some information about the service was available in a variety of formats including large print. The manager told us they planned to develop additional formats.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Lessons learnt

At our last inspection the provider's lack of oversight and ineffective quality monitoring systems placed people at risk. This was a breach of Regulation 17 (1) (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- The provider's systems and processes to monitor and improve the quality and safety of the service were not always effective. Despite the introduction of regular structured audits and checks since our last inspection the issues we found had not been identified. For example, an audit of medicines completed in August 2022 had not highlighted the issues we found and meant opportunities to improve safety had been missed. This placed people at risk.
- The provider's electronic system to ensure important information was shared with the manager was not always effective. This meant the provider could not demonstrate issues such as complaints had been investigated in line with their policies and procedures.
- The provider had not ensured all of their policies and procedures were fit for purpose and were effective. For example, their medicines management procedure did not reflect staff were instructed to record the application of prescribed creams on the provider's electronic 'log my care' system.
- The provider had exposed people to the risk of avoidable harm because they had not always identified, assessed and mitigated risks associated with people's care, medicines and fire safety.
- The provider had not ensured records relating to the care and treatment of each person using the service were accurate and up to date.

Systems and processes were not embedded and operated correctly. This was a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had appointed a new management team since our last inspection. The manager and deputy manager had been in post since July 2022. The manager told us they had applied to register with us.

- This was the managers first home manager role. They were honest and acknowledged they needed to develop their management skills, knowledge of the regulations and their responsibilities in relation to this. The provider told us plans were in place to support the management team to achieve this.
- Staff felt supported. They described their managers as 'open, lovely, and approachable.' One staff member told us, "I feel very supported and would talk to them about anything, their door is always open." Another staff member said, "I think they really care about us and the residents. Morale is good."
- Despite the management team only being in post for two months they had worked hard to address some of the key concerns we had found at the last inspection to benefit people. They had also gained the confidence and trust of their staff and they recognised they had further work to do. The deputy manager told us, "Any change takes time. Staff need to adapt by understanding why we need to change." The manager added, "We have a really great team who are now willing to work with us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager understood their responsibility to be open and honest when things went wrong.
- The manager had sought feedback about the service provided from people and relatives. Feedback gathered had been used to drive forward improvement. For example, significant changes had been made to the home's mealtime menus in response to people's comments.
- The management team and staff had developed positive working relationships with health and social care professionals to promote people's health and well-being. One professional visitor told us, "I've seen a significant improvement since they (manager and deputy manager) started. They care, are open and honest and I feel more assured people's health and well-being has improved."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Planning and promoting person-centred, high-quality care and support

- People and relatives were very satisfied with the service provided and the way the home was managed. One person told us, "I'm well looked after and cared for. I'm not hungry. I'm happy living here." A relative commented, "Massive positive change since new managers came. Very professional..."
- Staff recognised positive change was being made. One staff member told us, "Management work with us. There is mutual respect. We fully support them and will work with them to make this a great place to live for all the residents."
- The manager had pro-actively sought support from community organisations to improve outcomes for people in line with their wishes. This included a charity who support Asian elders living with dementia and a premiership football team. One person described their delight on receiving a signed birthday card from the football team they used to play for.
- Discussion with the management team demonstrated their commitment and determination to continue to make and embed positive changes to benefit people. The manager told us, "We have had lots to overcome and there is lots we need and want to do. We started by building relationships and trust and we will build on that to reach our ultimate goal that residents get the best and are happy."

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 | Regulation 12 (1) (2) (a) (b) (g) HSCA RA Regulations 2014: Safe care and treatment |
| | The provider had not ensured all risk associated with people's care was identified, assessed and well-managed. |
| | The provider had not ensured all risk associated with fire safety was identified, assessed and well-managed. |
| | The provider had not ensured medicines were managed safely in line with their policies and procedures and best practice guidance. |
| 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 | Regulation 17 (1) (2) (a) (b) HSCA RA Regulations 2014 Good governance |
| | The provider had not ensured their systems to assess, monitor and improve the quality and safety of the service provided were always effective. |
| | The provider had not ensured their systems to identify, assess and mitigate risk to the health, safety and/or welfare of people who used the service were always effective. |
| | The provider had not ensured all their policies |

and procedures were fit for purpose and effective.