

# Abbeyfield Society (The) Downing House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 24 and 25 October 2018. The first day of inspection was unannounced. Downing House is a 'care home', people in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Downing House is registered to provide accommodation and care for up to 25 older people, some of whom were living with dementia. The home is situated in a residential area of Withington, Manchester and is close to shops, public transport and the motorway network. At the time of this inspection, there were 21 people living at the service.

We last inspected Downing House in March 2018. At that inspection, we found multiple breaches of regulations. The service was rated inadequate in the safe, responsive and well-led key questions, rated requires improvement in the effective and caring key questions and therefore rated inadequate overall. We issued two warning notices with regards to the lack of evidence to demonstrate 'Safe Care and Treatment' and 'Good Governance'. At this inspection we found no regulatory breaches and improvements had been made in each of the key questions previously rated inadequate, namely safe, responsive and well-led.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well led to at least good. The provider submitted an action plan and also produced an internal service improvement plan that was updated and shared with CQC at regular intervals.

At the time of this inspection a new manager was in place at Downing House. They had been appointed to the post in August 2018 and were in the process of applying for registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

There were effective and established systems in place to safeguard people from abuse and individual risk was now assessed and reviewed. Accidents and incidents were recorded and appropriate actions taken, although further analysis of these was required.

Medicines management and administration processes were reviewed during the inspection and found to be safe. A new medicines fridge was ordered during the inspection so that medicines were stored within the acceptable temperature range.

Improvements had been made which sought to ensure the service was working within the principles of the Mental Capacity Act (MCA) 2005. New care planning documentation had been introduced, including consent

to treatment and personal care; there was evidence of the home raising and participating in best interest's decisions and the wider staff group had completed specific MCA training.

Recruitment practices were safe and records confirmed this. Newly recruited care workers received an induction, although the delay in new starters accessing e-learning training on line was noted and discussed with the manager. Training was provided on a regular basis and updated when relevant.

We observed the mealtime experience and found this to be relaxed and well organised. People received any help, support and encouragement they required to eat and drink promptly.

Through our observations of staff interacting with people and from conversations with staff, it was clear that they knew the people they provided care for. They understood people's preferences, likes and dislikes. People's needs were assessed before they moved to the home and care plans were in place to inform staff of their needs and how they should be met. Staff worked with other health care professionals to maintain people's health and wellbeing.

People's care plans had improved and were person-centred and comprehensive and information was readily accessible to staff. There were plans to introduce a one-page profile that provided key information about the person. Reviews of care were in place but there was little evidence to support that people or their relatives had been involved in this.

Quality assurance practices were established. Information in relation to accident and incidents, complaints, training and recruitment were all reported centrally, however some processes needed to be more robust so that the local management team at the home were aware where improvements were required.

Following the last inspection, the service had designed a service improvement plan to address all the issues identified. Regular updates to this had been shared with CQC and the provider was transparent with the aspects of the service that had been addressed, completed and those which were ongoing.

The manager chose to leave the service shortly after this inspection and not to progress with their registration. The provider assured us that they were committed to improving the quality and safety of care provided at Downing House to Good and would look to recruit a manager as soon as possible, with continued oversight and support from area managers of the Abbeyfield Society group.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Risks to people were now identified and assessed, although these were not updated following people experiencing numerous falls.

The management and administration of medicines was found to be safe. Protocols were in place for 'as required' medicines.

Cleaning schedules and management audits demonstrated the home was performing well at maintaining a clean and pleasant environment.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received regular supervisions. Training statistics had improved however there was a delay in new staff accessing e-learning modules.

The home was compliant with the Mental Capacity Act (2005). New care planning documentation was in place, including consent to treatment and personal care.

People received appropriate support at meal times. The mealtime experience was relaxed and enjoyable.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Care and support was delivered in a non-discriminatory way although the service needed to do more to fully embed the principles of equality, diversity and human rights.

People told us they were treated with respect and that they felt well cared for by staff.

People were encouraged to maintain their independence.

### Is the service responsive?

The service was not always responsive.

Care plans explained people's needs and how support should be provided to meet needs safely and in line with people's wishes.

There was an activities programme with a variety of group activities on offer. There was limited opportunity for one to one time with people.

The service had a process in place for recording and dealing with complaints. The complaints procedure was on display in the home and included in the service user guide.

**Requires Improvement**



### Is the service well-led?

The service was not always well led

Audits were now in place although some processes needed to be more robust.

People were consulted about the service and able to have their say in how the home was run. Meetings were scheduled in advance and held monthly.

The home worked in partnership with external stakeholders including local authority services involved with people's care and support.

**Requires Improvement**



# Downing House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 24 and 25 October 2018 and was unannounced. The inspection team consisted of one adult social care inspector, an inspection manager 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 service.

Prior to our inspection we asked the provider to complete a Provider Information Return. This is a form which asks the provider to give us some key information about the service, what the service does well and improvements they would like to make. We also reviewed the information we held about Downing House, including any statutory notifications submitted by the provider or other information received from members of the public. A statutory notification is information about important events which the provider is required to send to us by law.

We contacted Manchester local authority, and Healthwatch to obtain their views about the quality of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

Some people were unable to share their experiences with us, therefore we completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the inspection we spoke with nine people who used the service, two relatives and another visitor. We spoke with the manager, the business manager, the deputy manager, a senior care worker, a domestic and four care workers.

We looked at staff training and supervision records for the staff team, staff rotas and the staff files for four staff, including recruitment records. We looked at five medicines administration records and how medicines

were stored. We also looked at records of staff meetings, quality monitoring records, audits of the service and records in relation to health and safety and the maintenance and servicing of equipment.

# Is the service safe?

## Our findings

At the last inspection in March 2018 we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and took enforcement action by serving a warning notice to the provider.

We identified at that inspection that risks to people were not effectively managed, the management of medicines was not carried out in a safe way and the prevention and control of infection was not safely managed. At this inspection we judged that the service had made improvements and was now compliant in this regulation.

Downing House provided a safe and secure environment for the people who lived there. The front entrance was kept locked to prevent unauthorised persons from entering the home. When we arrived, we were asked for proof of identity and asked to sign into the visitors' book. Access into the secure garden area was via a door from the corridor, which was kept locked. We saw that missing window restrictors identified at the last inspection were now fitted and broken locks to the sluice and laundry doors had been replaced with key coded locks for additional security.

At this inspection we judged that risks to people were now identified and assessed, although these were not always managed safely. We identified that falls risks were not always updated after people experienced numerous falls, therefore people were more likely to be at risk of having recurring falls. Risk assessments relating to people's physical health, personal health, moving and handling, behaviour, skin integrity, nutrition and falls had been completed and were found in people's care plans. Staff were provided with information on how to manage and reduce the risks posed to people.

Medicines management and administration processes were reviewed during the inspection and found to be safe, although we identified an issue with the medicines fridge during our inspection. The home were recording the temperature of the room where medicines were stored and the temperature of the medicines fridge, as is best practice. On checking the fridge temperatures we saw that these had exceeded the acceptable maximum temperature on a number of occasions. The manager had purchased a new thermometer but this had not resolved the problem. Following discussions with the manager we were provided with evidence that a new medicines fridge had been ordered.

Staff completed both on line training and practical training with the pharmacy before administering medicines and their competency was checked annually to ensure they were able to do this safely. A policy was in place to help guide staff practice. We checked five Medication Administration Records (MARs) and found that these were completed correctly.

We saw that people who received any medicines administered on an 'as required' basis (PRN medicines) had corresponding protocols in place that set out why the medicine might be needed, when it could be given and how often. The service had processes and checks in place to keep people safe from the harmful effects of too many medicines.



The provider carried out robust checks to make sure staff they employed were suitable to work with people using the service. Staff recruitment records were well organised and included the necessary paperwork, including an application form and employment history, references, proof of the person's identity, address and the right to remain and work in the United Kingdom where applicable.

We saw that the service carried out a Disclosure and Barring Service (DBS) check on staff new to the service and repeated this for all staff every five years, as is good practice. We did see two original DBS certificates on staff files and brought it to the manager's attention that these should not be retained by the service, but returned to the employee.

We asked people who lived at the home if they felt there were sufficient staff to provide support when they needed it. People we spoke with felt there were sufficient staff to meet their needs. The service used agency staff as a last resort and the manager had implemented a cover system so that staff availability was known and staff could be called upon at short notice.

The service had a safeguarding policy to protect people and keep them safe. Staff had a good understanding of different types of abuse and knew they needed to report any concerns to the manager. Staff told us that they could also contact other professionals if no action was taken by management, for example the local authority safeguarding team and the CQC. Records showed that staff had received training on how to safeguard adults.

Accidents and incidents were recorded and addressed appropriately on a monthly basis, although a more wider analysis of these did not occur. Trends were not identified for those people who had had numerous falls over several months. Staff understood their responsibilities to report and record incidents.

The home was clean and tidy throughout both days of inspection. Records of cleaning schedules and management audits demonstrated the home was performing well at maintaining a clean and pleasant environment. On the first day of our inspection a member of the housekeeping team had rang in sick however cover was soon sought and provided by a colleague. They showed us the cleaning schedules that individual staff members completed so that other colleagues knew which areas of the home had been cleaned.

Records showed that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, passenger lift, portable appliance testing, fire detection and emergency lighting. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

The manager kept a schedule which showed when servicing was required for equipment within the home, for example hoists, baths, the call bell system and portable fire extinguishers. We found the provider was taking reasonable steps to help protect people from the risk of contracting Legionnaire's disease, a potentially fatal form of pneumonia caused by the legionella bacteria that can develop in water systems. An external contractor was employed to undertake the necessary risk assessment and carry out regular cleaning regimes to pipes and showerheads.

# Is the service effective?

## Our findings

At our last inspection in March 2018 we judged that the service was not compliant in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff did not receive regular supervision and there were gaps in the training provision for staff.

At this inspection we saw that this had improved and staff we spoke to told us this was the case. Supervision sessions were now completed on a regular basis and appropriate records were maintained, including a supervision matrix. We saw supervisions with staff were scheduled in advance and staff told us they felt well supported by management.

We reviewed the induction, training and continuous development staff received to ensure they were skilled and competent to fulfil their respective roles. Staff new to care completed an induction to the home and the Care Certificate. The Care Certificate has been developed nationally by health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. We saw that a housekeeper had applied to undertake care work too and had been successful. Prior to starting in the caring role, they were completing the Care Certificate in full. We spoke with the member of staff who told us they felt more confident going into the caring role as the Care Certificate had prepared them for it.

Following a practical induction to the home care workers were expected to complete an e-learning induction element. We noted that seven new staff employed in September and October had not yet completed this. The manager told us that there were delays in new staff receiving the necessary details they needed to access the e learning modules. Without this they were unable to log in to the system. We discussed this with the manager who told us that this was out of their control, as head office allocated log in passwords. This meant that there was a delay in new staff receiving an element of their initial training. New employees should be given the required information as soon as possible for on line access. The employee induction e learning training element should be completed in a more timely manner, before providing care and support.

Training statistics had improved and the home received assistance from the provider's Mandatory Training Officer, either training staff directly or arranging training sessions with external companies. We saw pending training sessions arranged for infection control, first aid, health and safety and fire awareness. These were on display in the manager's office with staff names allocated to each training element. Three members of staff whose infection control training had recently expired were attending this refresher training. New senior care workers had not yet completed medication administration training and were therefore not administering medicines until this had been done.

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 make 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).

At our last inspection we judged that Downing House was not compliant with the Mental Capacity Act (2005). We saw at this inspection the improvements that had been made. For example, new care planning documentation had been introduced, including consent to treatment and personal care; there was evidence of the home raising and participating in best interest's decisions and the wider staff group had completed specific MCA training.

The home were submitting DoLS applications to the supervising authority and recording the dates of these submissions. The manager explained there were delays in the process, especially in receiving the paperwork once capacity assessments had taken place. The manager kept a log that identified when authorised DoLS were due to expire, so that another application could be submitted and also notified CQC once authorisations had been granted, as is the law. We saw that the home carried out their own mental capacity assessments to check whether people had the capacity to make specific decisions. We judged that the service was now working within the principles of the MCA and complaint in this regard.

We observed the mealtime experience and found this to be relaxed and enjoyable, with appropriate background music playing. On the second day of the inspection however the lunch time meal was not as well organised as two people had to wait some time for the meal of their choice. When we spoke to the cook after the meal they explained to us the reasons for the delay and told us this was not usual.

We saw people were offered a choice of meal and drinks and were asked if they wanted more. Where people needed assistance with eating and drinking, a member of the care staff team sat with them to ensure they had enough to eat. Others were encouraged to be as independent as they could be but received any help, support and encouragement they required to eat and drink promptly. For example, people were asked if they needed help to cut food up into smaller more manageable pieces.

A four-week rolling menu plan was in operation at the home which was reviewed periodically in consultation with the people who used the service. The daily menu was displayed on a chalk board outside the dining area for people to view. We spoke with the cook and kitchen assistant on duty. Both were knowledgeable about people's dietary needs and they told us kitchen staff received paperwork about the types of diets people needed when they were admitted to the home. The cook told us they felt more valued and involved in the home than previously as they attended 'flash' meetings. 'Flash' meetings were newly introduced by management, were short and regular and consisted of discussions between the manager and other staff about events in the home. This led to improved communication between staff groups.

People were provided with the support that they required to access advice and treatment from a range of healthcare professionals including, GPs, dentists and chiropodists. Records showed that people attended specialist medical appointments for monitoring and treatment of medical conditions. People told us that they saw a doctor when they were unwell and told us they had access to other medical treatments when needed, for example blood tests and flu jabs.

At this inspection we found work was ongoing to ensure people's personal spaces were more personalised. For example, we saw frames outside most people's rooms housing photographs of the individual and other family members and items that meant something to the person, for example medals. There was dementia friendly signage around the home that indicated where toilets, the dining room, the lounge and access to the garden was. The manager confirmed the home would continue to ensure when changes were made to the décor, dementia friendly environments would be considered. During our inspection of the home we

found some areas of the home were dark due to the ineffective lighting. We brought this to the manager's attention who told us this would be rectified with brighter lighting.

## Is the service caring?

### Our findings

People spoke positively about the care provided and the caring nature of the staff who supported them. Without exception all residents we spoke with during the inspection confirmed they were treated with respect and that they felt well cared for by staff. We saw good interactions between staff and people, who knew each other well and had developed caring relationships. People told us, "I have no complaints; I would say if I wasn't happy" and "Staff are good with the residents; they listen when you ask for something."

Staff told us they respected people's views and ensured they received support the way they wanted it. This information was contained in people's care plans and confirmed by asking prior to providing care. When providing personal care, staff explained to us ways in which they ensured dignity was maintained, for example by closing doors, closing curtains and checking that people were comfortable with the care and support. We heard staff preparing a person prior to using a hoist, offering reassurance and explaining what they were about to do before they did it.

We observed the appropriate use of physical contact, for example hand holding for reassurance and staff crouching down to be on the same level as people when talking to them. People looked comfortable and at ease within staff's presence. We saw staff treating people with dignity and respect during the inspection, for example knocking on doors before entering, asking people whether they wanted to wear a tabard to protect their clothes at meal time and being discreet when supporting people with personal care.

People were encouraged to maintain their independence. We saw that one person applied their own topical cream as this was their choice. On the first day of inspection one person did not want to eat in the dining room but preferred to sit in the foyer. Staff brought out finger food so the person was able to eat some lunch.

People we spoke with confirmed staff knew them, their likes, dislikes and what was important to them. Observations over both days of the inspection, showed staff spoke with people in a kind and friendly manner, were patient when asking questions, giving people time to respond. In one of our conversations with people one person told us staff had 'argued' with each other in their own language, which was not English. This showed a lack of respect for people living at Downing House. When we asked about this the interim manager explained to us what had happened. A member of staff had been disciplined and their employment had been terminated as a result of the incident.

The culture at the service was more positive on this inspection and staff we spoke with told us they felt more motivated, with better leadership. Staff were mindful of the importance of catering for people's diverse needs, whether these be spiritual or cultural. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. The service acknowledged that it was a requirement for all staff to do formal equality and diversity training, however the training matrix indicated that only one member of staff

had covered this element in the Care Certificate. We will check on progress with this at our next inspection.

One person living at the service spoke little English, as this was not their first language. A new employee recruited to the service was able to communicate with the person in their own language during lunch time on the first day of inspection. We asked the registered manager and other staff we spoke with how they communicated with the individual and how they understood the person's needs. Staff told us they knew from body language and facial gestures what the person wanted however, there was no use of picture cards or word cards to aid with communication with the person and we saw no documents provided in their first language, for example a complaints policy or service user guide.

To fully embed the principles of equality, diversity and human rights we recommend the service consults the CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource.'

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Care files contained information about people's communication ability, including any aids required, such as glasses or hearing aids and how best to communicate with people.

## Is the service responsive?

### Our findings

The home provided care which was personalised and responsive to people's individual needs and preferences. Prior to their admission into Downing House we saw that people received a full assessment of their needs by the manager or the deputy manager. Pre-admission assessments had been completed, which captured key information about the person, to ensure the home had an understanding of their needs prior to admission. The manager was able to demonstrate that not everybody referred into the service was successful in being admitted to the home as during the pre-admission assessment the needs and compatibility of the other people who used the service were taken into consideration.

When we looked at care records we saw that they included the views of people who may have been involved in the person's care and support previously, such as family members, legal representatives and close friends. Care plans also included any assessments completed by health and social care professionals such as social workers, speech and language team professionals (SaLT) and input from district nurses. Information from the person, relatives, friends and professionals were used to formulate the care plan so staff would understand the needs and wishes of the person and how best to support the person from the moment of admission.

The service had worked hard since the last inspection to improve and update care planning documentation to ensure they accurately reflected people's needs, included appropriate risks and information for staff on how to mitigate those risks. The updated care plans were person-centred and comprehensive, made easier to navigate with the inclusion of a contents page. Care files contained a range of care plans, which explained people's needs and how support should be provided to meet the need safely and in line with people's wishes. Where people were able to consent to care we saw signed consent from people, for example in relation to receiving medicines. The manager showed us an example of one page profiles they were going to introduce that provided key information about the person, for example including information in relation to medicines, morning routines and end of life wishes that would further improve the care plans.

Staff were able to give examples of how they met individual needs of people, for example relating to people's medical conditions, spiritual support, dietary requirements and personal care. Care plans were reviewed monthly by the manager or deputy manager to ensure they accurately reflected people's needs and were in line with their preferences. Whilst care plans had been reviewed there was little evidence within the files that people or their representatives had been involved in the review process.

We checked whether the service provided meaningful activities and social opportunities for people. The registered provider employed an activity coordinator who worked during the week and a noticeboard in the foyer displayed events going on in the home during the week. The service recorded what activities people had been involved in or if people had declined to participate.

We observed games, objects that might stimulate discussion or physical activity, for example there were jigsaw puzzles, games of bingo, books, balls and soft objects for throwing. People told us that entertainment was provided at the home by singers and musicians. One person told us, "I am supported to

go to the local church every Sunday; something I have been doing since I was 5 years of age."

Whilst there were a variety of group activities on offer we saw few choices offered for one to one time with people, for example for those people who preferred to spend time in their room. We spoke with two people with art and painting skills who both said they would like to do some drawing and painting, but this wasn't happening currently.

We recommend that the home explores people's life histories so that more events and activities can be shaped around people's skills and preferences.

There was a small, secure garden area and people told us this had been well used during the summer months, as people had sat outside enjoying the hot weather and a barbecue had taken place.

During the inspection we made observations using SOFI. This method is used to observe the experience of people who may not be able to tell us their views. During one morning of the inspection we observed people engaging well with a game in the lounge. The activities coordinator encouraged people to join in but did not pursue this if people declined. We saw two care workers using equipment to transfer a person into a chair. They introduced humour into the conversation with the person and this made the person smile; it helped to put them at ease. From our observations we saw that staff were cheerful, encouraging and reassuring.

At the time of the inspection no one was receiving end of life care. We saw information captured in some care plans about end of life wishes but this was quite basic. The home was recognised by the Six Steps to Success programme and had participated in this but recognised that more could be done for people approaching the end of their lives. The manager planned to be more proactive in discussing people's future priorities and intended to nominate a member of staff to be an end of life champion.

The service had a process in place for recording and dealing with complaints appropriately. Since our last inspection no new complaints had been received. The complaints procedure was clearly displayed on a noticeboard within the home and included within the service user guide.

People using the service told us that they would speak with staff if they had any worry or a complaint about the service. However, none of those we spoke with had needed to raise a formal complaint. People had completed a formal satisfaction survey conducted by an independent research company in 2018 and feedback from people living at Downing House had been positive with 95% of respondents being satisfied about how complaints and concerns were handled.



## Is the service well-led?

### Our findings

At our last inspection we had identified that the service was not well led. At this inspection we saw that this aspect had improved. After the last inspection the provider had appointed an external consultant to work with the registered manager to improve the service, however the registered manager of Downing House resigned from their post. The external consultant managed the service in the absence of the registered manager and had shared with CQC progress made on the service improvement plan.

The service had appointed a new manager in August 2018 who was awaiting registration with the Care Quality Commission at the time of this inspection. They were working with support from the previous interim manager, who had been appointed to a senior role within the wider organisation. Both the people and staff we spoke with told us they thought the service was now well-led and shared the view there had been improvements at Downing House since the change in management.

At the last inspection in March 2018 we judged the service was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider did not have robust processes in place to ensure the safety and quality of the service was adequately monitored and improved, and to ensure known risks were acted upon. Due to our findings a warning notice was issued to the registered provider requiring them to take immediate action to address the breach and the overall rating for this key question was rated as Inadequate. At this inspection we found the provider had improved and whilst further improvement was required we judged they were no longer in breach of this regulation.

Since our last inspection the manager had introduced a number of auditing systems to improve the quality assurance of the home. The auditing systems introduced covered key aspects of service delivery. For example, audits and quality assurance were now in place for complaints, care plans, medicines and for the environment. Spot checks on staff were also completed with appropriate records maintained. We saw that the new manager had started a regular 'walk round' of the service to check on people and to identify things that needed to be addressed, for example any cleaning or repairs to the building. We noted that these checks were not done in their absence.

We found information in relation to accident and incidents, complaints, training and recruitment were all reported centrally however processes needed to be more robust so that the local management team at the home were aware where improvements were required. For example, we saw that falls were being recorded and monitored on a monthly basis, however each month was treated separately and there was no accumulative analysis of falls for patterns or trends.

Following the last inspection, the service had designed a service improvement plan to address all the issues identified. We had received regular updates on this and could see which aspects had been addressed, completed and those which were ongoing. For example, the service had started to undertake annual appraisals with staff to update them on their performance but these were not yet completed. We will check on progression with these at our next inspection.

Providers of regulated services such as Downing House are required by law to notify CQC of certain events which occur in the service, with the submission of statutory notifications. We found accidents, incidents and safeguarding had been appropriately reported as required. We saw the manager ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements and copies of all notifications submitted were kept on file. The last inspection report was displayed within the home as per requirements.

Staff spoke positively about all members of the management team and commented on the positive changes they had seen since the interim manager had been in the home and the new manager had been appointed. Staff told us they enjoyed working at the home and felt supported. They felt comfortable raising issues and felt listened to when they did.

People told us they were consulted about the service and able to have their say in how the home was run. We saw that meetings were scheduled in advance, held monthly and recorded, with topics such as menus, laundry and activities being discussed. In one meeting people were asked if they wanted to be involved in helping to recruit a new manager. Whilst no one wanted to take part in the interview process one person chose to meet potential candidates and the new manager confirmed this did happen.

There were several notice boards in the foyer of the home displaying information for both residents of the home and staff. We saw that the results of a 'Your Care Rating' survey carried out by an independent body in 2017/18 were on display for people and their relatives to read. The survey involved 25 care home providers, with people from 820 care homes being consulted. The survey contained the responses from 20 people living at Downing House who had participated and then compared the results received from the responses as a whole. The results from the residents of Downing House were positive and higher than the 'Your Care Rating' average scores in all the themes covered.

Staff meetings were scheduled every two months and these were also planned in advance. Staff were made aware of the staff meeting dates as these were displayed on the notice board.

The service had also introduced 'flash' meetings for senior staff and staff representative of each area of the home. 'Flash' meetings were brief meetings lasting around ten minutes, held two or three times per week. They gave management the opportunity to update other senior staff in the home about the service, for example new admissions to the home, any repairs or recruitment. These meetings had improved communication between groups of staff and morale was improved as staff felt more involved with the service.

We saw examples of partnership working. The provider worked closely with the various local authority services involved with people's care and support. This included the commissioning team, occupational health, the safeguarding team and quality officers. This meant that people were supported with continuity of care should they need to transfer between services, for example, in and out of hospital or to another home.

The new manager was present for both days of inspection however, unexpectedly resigned from their post following the inspection. We spoke with a regional business manager who assured us that recruitment to the role of registered manager would start immediately. The registered provider assured us they would continue to manage the home, support the new manager appointed to the role and respond to any new and emerging issues in a timely way.