Oceancross Limited

Grace Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection of Grace Lodge Nursing Home took place over two days on 22 and 23 July 2015.

Grace Lodge Nursing Home is a care home that provides accommodation, nursing care and treatment for up to 65 adults who have nursing care needs. Accommodation is provided over two floors and the home is accessible to people who are physically disabled. Access to the upper floor is via a staircase or passenger lift. The service is situated in the Walton area of Liverpool. It is in close proximity to local shops, other local amenities and public transport links.

We carried out this inspection to follow up on requirements set at the last inspection. Following the last inspection in March 2015 we told the provider to take action to make improvements to the service in the following areas: the arrangements to protect people from abuse, the management of medicines, the cleanliness of

Summary of findings

the home, staffing levels, how staff were supported in their role, care planning, the quality of food and meals, the handling of complaints and how they checked on the quality of the service.

Since our last inspection of the service the company registered to provide the service has been taken over. As a result a new registered person and management team were in place. The provider sent us a detailed action plan following the inspection outlining what action they were going to take to make the required improvements. At this inspection we found improvements had been made in all of the areas. Some of the improvements were still embedding but overall the service was safer, more effective, more responsive and better led than we had found at our last inspection. The provider had introduced new ways of checking on the quality of the service and was listening to people's views about the service and acting on them. A new management team were in place to support the developments in the service.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people living at the home were protected from avoidable harm and potential abuse because the provider had taken steps to minimise the risk of abuse. Procedures for preventing abuse and for responding to allegations of abuse were in place. Staff told us they were confident about recognising and reporting suspected abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

Each of the people who lived at the home had a plan of care. Overall, these provided a sufficient level of information and guidance on how to meet people's needs. Risks to people's safety and welfare had been assessed as part of their care plan. Guidance on how to manage identified risks was included in the information about how to support people. People's care plans included information about their preferences and choices and about how they wanted their care and support to be provided.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support.

Medication was in good supply and was stored safely and securely. We found that improvements had been made to how medicines were managed but we found some areas where further improvements were required. You can see what action we have told the provider to take at the end of the report.

The manager told us they and senior members of staff had been provided with training on the Mental capacity Act (2005). However, we found there was no consistency in how the principles of the act were applied in practice. You can see what action we told the provider to take at the end of the report.

People who lived at the home and visiting relatives gave us good feedback about the staff team and their skills in supporting people.

People told us they enjoyed the meals and food provided. The majority of people we spoke with told us the quality and quantity of food was good. People were provided with drinks on a regular basis during the course of our visit.

Staffing levels were sufficient to meet the needs of the people living at the home at the time of our inspection. However, there were only 49 people residing at the home as a result of the provider undertaking a voluntary agreement to not admit any new people following the findings of our last inspection. The provider has given us assurances that they will regularly review staffing levels as the number of people living at the home increases.

Staff told us they felt supported in their roles and responsibilities. Staff had been provided with relevant training, team meetings had been taking place and staff supervision meetings had commenced since our last visit to the service. New procedures had been introduced to support staff in their roles and to promote good communication and accountability across the service.

The home was accessible and aids and adaptations were in place to meet people's needs and promote their independence. The premises were well maintained and a programme of refurbishment had commenced. The

Summary of findings

home was clean and people were protected from the risk of cross infection because staff had been trained appropriately and followed good practice guidelines for the control of infection.

The provider had introduced new systems to check on the quality of the service and to ensure people who lived at the home were listened to and their views acted upon.

The provider had taken action to address the concerns from our previous inspection and we found significant improvements had been made to the service. Some of these require time to embed into practice and the provider now needs to demonstrate continued improvement and sustainability of the improvements made.

Summary of findings

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.

Improvements were required to the way in which medicines were managed.

Practices and procedures were in place to protect people living at the home from avoidable harm and potential abuse. Staff were confident about recognising and reporting suspected abuse.

There were sufficient numbers of staff on duty to meet people's needs.

Checks were in place to ensure the home environment was maintained to a safe and clean standard.

Requires improvement

Is the service effective?
The service was not always effective.

The principles of the Mental Capacity Act 2005 were not being incorporated into the practices at the home.

Staff were supported through training, supervision, appraisal and team meetings.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals appropriately for advice and support.

The home was fully accessible and aids and adaptations were in place to meet people's needs and promote their independence.

Requires improvement

Is the service caring?
The service was caring.

People who lived at the home and visiting relatives gave us good feedback about the staff team. They told us they felt the service was caring.

Staff knew people's individual needs and preferences and respected these.

Good

Is the service responsive?
The service was responsive.

People's individual needs were reflected in a plan of care and this was reviewed on a regular basis to ensure the information remained relevant.

People who lived at the home were listened to. A system was in place for responding to complaints and to address people's concerns.

Requires improvement

Is the service well-led?
The service was not well-led.

Requires improvement

Summary of findings

The management team had introduced many new practices at the home and these were in the process of becoming embedded. Further improvements were also planned.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. A number of audits were carried out at the home to assess and monitor the service and drive improvements.

Grace Lodge Nursing 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 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.

The inspection was carried out on 23 and 24 July 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor and an expert by experience with expertise in services for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered nurse with experience of this type of service.

We reviewed the information we held about the service before we carried out the visit. This usually includes a review of the Provider Information Return (PIR). However, we had not requested the provider submit a PIR. The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

Prior to our inspection we contacted the local authority residential care home team and the local medicines management team for feedback about the service.

We met many of the people who lived at the home during the course of the inspection and we spoke at length with nine people. We also spoke with six visiting relatives, four members of the care staff team, two registered nurses, the registered manager, members of the management team and the nominated individual (a person registered with CQC). 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.

We viewed a range of records including: the care records for nine people who lived at the home, four staff files, records relating the running of the home and a small number of policies and procedures.

We carried out a tour of the premises and this included viewing communal areas such as lounges, dining rooms and bathrooms. We also viewed a sample of bedrooms with people's permission.

Requires improvement

Is the service safe?

Our findings

People who lived at the home told us they felt safe. People's comments included: "There's somebody popping in all the time to see if you're alright", "The staff are very good, you only have to press the buzzer and they come and see if you want anything" and "They're always checking on you." People told us if they had any concerns about the service they would feel comfortable to raise these. Each person we spoke with told us they felt their belongings were safe.

At our last inspection carried out in March 2015 we found concerns with the way in which medicines were managed. We told the provider that they needed to take action to address these. We found during this inspection that significant improvements had been made and medication was now more safely managed. We found that all medicines were administered by trained nurses. The medication administration records we viewed were clearly presented to show the medication people were prescribed and prescriptions for new medicines were promptly started. We found that medicines, including controlled drugs, were stored safely and adequate stocks were maintained to allow continuity of treatment. More regular and comprehensive medicines audits had been introduced since our last inspection. However, we found a number of areas where improvements were required with medicines management. For example when we looked at the medication administration records (MARs) for a sample of people we found some omissions on the MARs whereby staff had not signed as having administered some medicines. It was not always possible to check that people had been administered their medicines as prescribed. This was because, for the sample of medicines we looked at, some of the medicines carried over from the previous month had not been recorded correctly on the MARs. We found there was not always guidance available if people were prescribed 'as required' only medicines. We also found that oxygen was not being stored securely.

We asked people if they got their medication on time. One person told us it was sometimes late but that this was not a regular occurrence. They said "It's not common, only if they have an emergency." One person said "I get mine on time." Another person said "It depends how busy they are, occasionally I have to wait, but not often." On the first day of our inspection we saw that early morning medication was still being administered late morning (11.15am). A nurse on duty told us this was as a result of the length of time it took to administer medicines safely on that floor of the building.

The trained nurses had been provided with additional training in medication management since our last inspection. They had also had their practice observed and their competencies checked. The provider had also held a meeting with the supplying pharmacist to improve the communication between the home and the supplier. The supplying pharmacist had also carried out an audit of medicines management at the home.

Not ensuring the safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A safeguarding policy and procedure was in place. This included guidance for staff on the actions to take if they suspected or witnessed abuse. The policy was in line with local authority safeguarding policies and procedures. We spoke with care staff about safeguarding and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us that they would report any incidents to the person in charge. The provider had arranged for staff to attend one to one supervision/training sessions about safeguarding since our last inspection. The provider told us they discussed safeguarding at staff meetings. Senior staff had been provided with additional training in safeguarding which had included an assessment of their understanding and knowledge of safeguarding issues and procedures. The manager was aware of the actions to take in the event of an allegation of abuse. This included the requirement to inform relevant authorities such as the local authority safeguarding team, the police and the Care Quality Commission (CQC).

At the last inspection of the service there were insufficient numbers of staff employed at the home and a high level of use of agency staff. We felt this compromised the quality and safety of the service at that time because communication systems were poor and people's needs were not always well communicated to the agency staff. We told the provider that they needed to take action to address this. During this inspection we found there was significantly less use of agency staff because a number of vacancies had been appointed to. The provider was also carrying out an active recruitment process to fill current

Requires improvement

Is the service safe?

vacancies and to pre-empt future vacancies. There had been no turnover of staff since the new management team had been in place and the provider told us they intended to carry out 'exit' interviews for any staff leaving in the future.

We asked people who lived at the home about staffing levels and if they felt there were enough staff on duty. People's feedback was mixed. Some people told us they felt there were enough staff on duty, others said they felt there should be more. People's comments included: "They've plenty of staff", "They've enough", "Of a night time they are busy", "I think they need more, I think they're overworked", "They try their best, but they're short-handed" and "They need more staff to care for difficult and very ill people. They need more qualified staff."

At the time of our inspection there were 49 people living at the home. The number of people was lower than normal as the provider had not been admitting people since our last inspection as a result of the concerns we found. The ratio of staff to people living at the home was therefore better than at our last inspection. Most of the staff we spoke with felt the staffing levels were appropriate currently but some told us this was because the number of people living at the home was lower than normal. Some staff were concerned that staffing levels would become more stretched as new people were admitted to the home. The provider told us they will continue to review the staffing levels as people are admitted to the home and that this would include the registered nurses on duty.

Policies and procedures were in place to control the spread of infection and domestic staff were required to follow cleaning schedules to ensure people were provided with a safe and clean home environment. The home was clean and we saw staff following infection control practices. We saw staff regularly used hand gel and wore personal protection equipment (PPE) (aprons and gloves). Staff had been provided with updated training in infection control since our last inspection. Domestic staff were working on both floors throughout the day. People who lived at the home and visiting relatives commented on what a good job the domestic staff were doing and the cleanliness of the home.

A programme of refurbishment was underway at the time of our inspection and we found improvements to a number of areas of the home. We asked people for their views about the premises. One person said "It's been getting done up, it's clean, (the cleaner) is hygiene mad". People told us they had noticed the refurbishment in some areas and they were pleased with the standard.

The provider had introduced more regular and thorough health and safety and environmental checks on the home. The checks included a daily walk around by the person in charge to check people's wellbeing, the home environment and equipment. Procedures were in place for responding to emergencies such as fire or medical emergencies.

Requires improvement

Is the service effective?

Our findings

People who lived at the home gave us good feedback about the effectiveness of the care and support they received. We asked people if they felt staff were suitably skilled to meet their needs. People's comments included: "I think so, they're mostly youngsters but they're always on the move, I think once a week they have a meeting", "Yes they do, I have a lot of faith in the staff", "Most of the time", "Yes they're nice", "I assume they know what they are doing" and "They carry out their duties very well."

We found that the home worked well alongside local health care professionals. We asked people about the support they received to see community based healthcare professionals. People's comments included "The chiropodist comes here and the GP has been a couple of times", "I only have to ask to see the doctor", "They phone the doctor for you." We saw that staff had regularly referred people for specialist support such as physiotherapy, occupational therapy, speech and language therapy, tissue viability support and dietician support. We found that the overall standard of nursing care provided was good. However, we found a number of areas which indicated that staff required some additional training. For example training in supporting people who receive their nutrition via a Percutaneous Endoscopic Gastrostomy (PEG line) and wound management. As we raised issues the provider took immediate action to book training. They told us they were in the process of arrange additional training for registered nurses and this would include training on the management and use of oxygen and advanced care planning for end of life care. Staff had also been given the opportunity to discuss their development needs and had been offered support to complete long distance training in a range of topics.

The provider had introduced a new system for ensuring any equipment needed by people who lived at the home was sourced and obtained quickly. We heard a number of examples of how this had benefited people.

At our last inspection we had found numerous shortfalls in how the service demonstrated that good quality care and support was provided because the records about people's care were not always being maintained appropriately. During this inspection we saw that people's care plans and associated records clearly detailed the care, support and treatment that people had been provided with. The provider was therefore able to clearly demonstrate that people were provided with good and effective care and support which met their needs.

Staff told us they felt well supported by the new management team. They told us they felt sufficiently trained and experienced to meet people's needs and to carry out their roles and responsibilities. The provider shared a copy of a training matrix with us. This gave us an overview of the training across the staff team and showed us that staff had been provided with updated training in a range of topics. The training matrix showed that most staff had been provided with training in topics such as: safeguarding adults, first aid, food hygiene, health and safety, moving and handling, fire safety, infection control, mental capacity and dementia awareness. A designated training lead had met with staff individually to look at their training needs and plan training across the staff team. Staff told us they had been encouraged to take up some long distance training alongside the 'in house' training provided. Some staff told us they had commenced long distance training in palliative care and nutrition and health. The provider was also in the process of turning one of the bedrooms into a training room.

At our last inspection we found some of the systems in place to support staff such as supervision and team meetings were not being carried out on a regular basis. At this inspection we found staff had been provided with a supervision meeting. We also found that a range of staff meetings had been introduced over the past few months. These included general all care staff meetings which were held on a weekly basis and regular manager meetings. This meant that the staff team were communicating about the needs of the people who lived at the home and matters relating to the running of the home much more effectively than we had found at our last inspection.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Requires improvement

Is the service effective?

We found that the manager and staff had been provided with training in the Mental Capacity Act. However, the principles of the Mental Capacity Act were not always being applied in practice. For example we saw a reference in one person's care plan that they lacked capacity to make decisions. We saw no evidence that this had been reached through an assessment of the person's mental capacity. The same person had bedrails on their bed. A risk assessment had been carried out for the use of bed rails but there was no indication that the person's consent had been obtained for the use of bed rails or that the decision to use bed rails had been made in the person's best interests. We also saw that a significant number of people who lived at the home were sitting in specialised chairs which could restrict their freedom of movement. We saw no evidence that people had been consulted with about the use of these, or signed consent to their use or of any best interest decisions having been made. Bed rails and the type of specialised chairs in question can be seen as a potential form of restraint and therefore the provider must work within the guidelines of the Mental Capacity Act when supporting people who may require these. The provider told us they had 'inherited' this arrangement with seating from the previous owner and that they would review the use of the chairs for each of the people concerned. We also saw an example of a person who was being administered their medicines covertly (without their knowledge). We were told this had been agreed as an appropriate practice by the person's GP. However, we found no evidence that the person's mental capacity had been assessed and the decision had been made in their best interests.

We found no evidence that formal consent was being sought for the care/treatment provided to people who lived at the home. People had not been asked to sign their care plans as being in agreement with the care. Staff told us they asked people's consent before supporting them or providing treatment. However, we witnessed that verbal or implied consent was not always sought prior to a procedure or care being provided.

Not obtaining people's consent to care and treatment or demonstrating that a decision has been made in a person's best interests in accordance with the Mental Health Act (2005) is in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home had a care plan which included information about their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. People were being weighed on a regular basis to identify any weight loss. We saw that a number of people had put on a small amount of weight since our last inspection. We asked people their views about the meals and food provided. People's comments included; "It has been really nice lately, I don't know if it's because I'm getting a bit better", "It's absolutely lovely", "It's not bad", "Some of it I like some of it I don't" and "It's average". Each person we spoke with told us they got enough to eat and that they could have drinks anytime they wanted them. People had a choice of meals and there were also additional alternatives which we saw people request and their requests were accommodated. We ate lunch with the people living at the home and the food tasted very appetising. We saw several people being assisted with pureed food. The carers took their time assisting people. The cook advised that they were aware of people's dietary needs and they told us how they accommodated these. For example people who had diabetes were provided with alternative food as appropriate. The cook also knew people's individual likes and dislikes and told us how they accommodated these to ensure people were provided with food and meals which they enjoyed.

The home was fully accessible and aids and adaptations were in place to meet people's mobility needs and promote their independence. Accommodation was provided over two floors and access to the first floor was provided via a staircase or passenger lift.

Good

Is the service caring?

Our findings

We asked people if staff were caring towards them. People told us they were. Their comments included: "They're lovely, very kind", "They're very nice" , "They are towards me, I've nothing to say against any of the staff", "I think so", "Most of them are, there are a couple I don't like", "They knock on the door and say goodnight before they go home. I'm not just a job to them", "They can't do enough for you" and "I've always found them very nice." Comments received from relatives included: "The whole lot, they're brilliant", "They're too caring", "The carers are very caring, they're very good to him", "The nurses are nice" and "The staff have always been fantastic, it's not a 9-5 job, you can interact with them. I think they go above and beyond, they're always very happy."

We asked people if they felt their privacy and dignity was respected and if they were given a choice about who provided their care. Two of the men who lived at the home told us: "When I get showered, it's always a chap that showers me" and "It's usually the man." Other people's comments included: "I don't really mind, but I mostly have females", "I like a female carer and I always get one", "I'm not bothered, female would be preferable, but sometimes I have a male" and "I like to do as much as I can myself, they help me to dress."

Since our last inspection staff had undergone one to one supervision meetings which incorporated looking at their training needs and their understanding of matters such as maintaining people's privacy and dignity. They had also been given information about the principles of maintaining people's dignity and had been required to watch a training video. Staff told us the video was powerful and made them think about their practice.

People's care plans and other associated records had been written in a respectful way. Staff used terms such as 'assisted' and 'independence' when writing about the support they had provided. Staff knew the needs of the people who lived at the home well. During discussions with staff they were able to describe people's individual needs, wishes and choices and how they accommodated these in how they supported people.

Throughout the course of the inspection we observed the care provided by staff in order to try to understand people's experiences of care and to help us make judgements about this aspect of the service. We saw that staff were warm in their interactions with people and we saw they had a good rapport with people. We saw staff interacting with people and calling to them as they passed their bedrooms. People told us they liked the way the carers joked with them. We received only complimentary comments about the carers and their attitude towards people who lived at the home.

Staff told us they were clear about their roles and responsibilities to promote people's independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people's privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people's permission and by explaining the care they were providing.

Overall we felt that staff were respectful of people's privacy and dignity but we found a number of practices which indicated further staff development was required. For example, one person told us staff sometimes entered their room without knocking. We saw that information had been had been put on one of the dining rooms walls which included personal information about people's dietary support needs and health related concerns linked to their diet. We discussed this with one of the management team as this was not dignified for the people concerned. On one occasion we saw a member of staff move a person in their wheelchair without talking to them or asking their permission to move them.

Requires improvement

Is the service responsive?

Our findings

We received good feedback from people who lived at the home about the responsiveness of the service. We asked people if they felt the care was person centred. One person said "You feel it's personal because it's directed at you." Other people replied "Yes."

At our last inspection of the service we found that care was not planned appropriately. During this inspection we found improvements had been made to care planning and the way in which staff demonstrated how they supported people. The provider had introduced a new tool for assessing people's needs prior to them moving to the home. They told us the assessments would be carried out by trained nursing staff. We saw that each of the people who lived at the home had a new care plan. These, alongside associated records, provided much more detail about the care, support and treatment that people had been provided with.

Risks to people's safety and welfare had been assessed as part of their care plan. Guidance on how to manage identified risks was included in the information about how to support people. However, we did see that the care plan for one person detailed that they had a pressure area. The person had been assessed a being at high risk of developing a pressure wound but we found no corresponding care plan about this. We found the person had additional pressure wounds which had not been documented or formed part of their care plan or wound management plan. The registered nurse told us this must have been very recent and they assured us that a full examination of the person would be completed and the appropriate management plan put in place.

The improvements in care planning showed that the provider was actively addressing the concerns we found at the last inspection. However these improvements needed time to embed and on-going improvements were required.

We asked people if they had been involved in care planning. People's comments included: "I don't remember", "I didn't know about that", "I've not signed one as far as I know", "I don't know about a care plan, it hasn't been discussed", and "I've not seen a care plan." We saw no evidence, in the care records we viewed, that people who lived at the home or their representatives had been consulted with about the contents of their care plan or to indicate that they were in agreement with it.

An activities co-ordinator was in post and a number of activities were scheduled to take place each week. We asked people how they spent their time during the day. People's comments included "I read the paper, watch TV and talk to visitors. They have bingo, artists and singers", "I watch TV or read, there's bingo and a sing-along", "I watch TV or talk, there's a group of us", "I like playing bingo, I think they should have more bingo I win on bingo". Some people had been involved in planting flowers in the garden more recently. The provider told us they were going to introduce a movie night to take place in the newly refurbished dining room and they intended to introduce a race night. We saw that activities were advertised in small writing on a notice board only. This may not encourage people to join in some of the activities which are planned.

The provider had a complaints procedure which included timescales for responding to complaints. There had been no complaints made since the new management team had taken over the running of the home. A suggestions/ feedback box had been placed in the main foyer. We asked if people knew how to raise a complaint. People's comments included "Certainly". "Oh yes", "I've not made any", "I'd go to the office". One person said they would not know how to make a complaint. A relative told us they did not know specifically but they said "They'd know if we were not happy".

'Resident committee' meetings had been introduced since our last inspection. People who lived at the home and staff told us they felt listened to by the new management team. People said they had noticed an improvement with the new management arrangements and they felt listened to.

Requires improvement

Is the service well-led?

Our findings

We asked people who lived at the home of the felt the service was well managed. People's comments included: "I suppose they do the best they can", "It's managed well", "Well as far as I'm concerned", "It could be run better, I think they need more staff and "It's managed pretty well, there's painting and decorating going on."

At our last inspection of the service the running of the home was overseen by a management consultancy company. We found the systems in place for assessing and monitoring the quality of the service and making improvements were ineffective. Improvements were not being made in response to feedback from people who lived at the home, relatives, staff and health and social care professionals. Since the last inspection the company providing the service has been taken over by a new owner. The provider has introduced a new system of quality assurance which includes auditing and assessing areas of practice such as: care planning, wound management, medicines management, falls monitoring, weight monitoring, infection control, catering and health and safety. The new audits were carried out on a more regular basis and were more comprehensive than we had found at our last inspection. Some of the audits were being carried out by the registered manager and others were carried out by the provider. Our findings when looking at the management of medicines indicated there are still shortfalls in the auditing of medicines.

The home was no longer running on a high use of agency staff. This was particularly the case for registered nurse. More permanent qualified nurses were now employed.

Staff told us they feel well supported by the new management team. They told us that the management team were always present within the home and always asked after their wellbeing and that of the people who lived at the home. They said they felt confident to raise concerns and felt action was being taken in response to the issues they raised.

Staff supervision and appraisal had commenced and staff had been given the opportunity to talk about their individual training needs and to plan new learning and development. Staff team meetings were also being held on a regular basis.

Comments from staff about the leadership of the home included: "It's really changed, it feels a lot better" and "Everything is on the right track." Staff told us they had been given the opportunity to discuss any concerns they had about the service with the provider.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Lines of accountability across the home had been clarified since our last inspection and these were now clearly understood by staff. This resulted in a greater level of accountability for a number of areas of practice.

The provider told us that the person in charge of the home on any given day now carried out a daily walk around the home to check on matters such as: people's welfare, health and safety and the safety of the environment.

The provider had taken action to address the concerns from our previous inspection and we found significant improvements had been made to the service. Some of these required time to embed into practice and the provider now needs to demonstrate continued improvement and sustainability of the improvements made. We gave the provider feedback on the findings of our inspection and they assured us that immediate action would be taken to address the outstanding shortfalls we discussed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not fully protected against the risks associated with unsafe management of medicines.** **Regulation 12 (2) (g).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **People's consent to care and treatment was not being obtained appropriately or in accordance with the Mental Health Act (2005).** **Regulation 11 (1)(3).**