

Your Health Limited

# Cedar Court Nursing Home (Dementia Unit)

## Inspection report

Cedar Court Care Home  
Bretby Park  
Burton On Trent  
Staffordshire  
DE15 0QX

Tel: 01283229523

Website: [www.yourhealthgroup.co.uk](http://www.yourhealthgroup.co.uk)

Date of inspection visit:  
21 August 2018

Date of publication:  
17 October 2018

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The inspection of Cedar Court Nursing Home (Dementia Unit) took place on 21 August 2018 and it was unannounced. Cedar Court Nursing Home (Dementia Unit) 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. The care is provided in one building with an accessible, secure garden. Some of the people are cared for in a male only environment on the first floor, called Bretby View. There are two communal areas on this floor and a further two communal areas on the ground floor. The home provides accommodation and nursing care for up to 50 people who are living with dementia. There were 41 people living at the service when we visited; including 15 men living in Bretby View.

There was a registered manager in post. 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.

The service had been in special measures at their last inspection on 27 March 2018. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. After the last inspection, the provider sent us an action plan to confirm what they would do and by when to improve the key questions safe, effective, responsive and well led to at least good. Cedar Court Nursing Home (Dementia Unit) also had positive conditions on their registration since March 2017. This meant that they were required to report to us what improvements they had made every two weeks. The provider complied with this requirement so that we could monitor their progress towards their action plan. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

However, there were still improvements required to ensure that they provided people with a good service. The training and support provided to staff was not always sufficient to enable them to fulfil their role effectively. They did not always assist people to manage their behaviour when it could be harmful to themselves or others. They did not always take action to protect people or report all incidents. This meant that learning from when things went wrong was not always sufficient.

There were not always enough staff to meet people's needs promptly. Staff were often rushed and task focussed leaving little time to comfort and reassure people. People had little interaction and no activities were provided to engage them. This impacted on people's dignity which was not always respected. Their privacy was also not always upheld.

There were systems in place to drive quality improvement which included regular audits and feedback from people who use the service. However, some of the provider's systems were not effective in ensuring that people were safe.

There were good relationships with other organisations and professionals; including working closely with commissioners to meet actions on improvement plans.

People were assisted to maintain good health and had regular access to healthcare professionals.

Medicines were managed safely and people received them when they needed them. Mealtimes included a choice of meal and food and drink was monitored for people who were nutritionally at risk. Care plans were regularly reviewed to correspond with changing support needs and they were personalised and accessible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The environment was planned to meet their needs and there was signage to help them to orientate.

Visitors were welcomed at any time. They knew the registered manager and felt confident that any concerns they raised would be resolved promptly. There were regular meetings with people and their relatives and their feedback was used to improve the home.

Staff felt well supported by the registered manager and there were regular meetings with them to ensure they were consulted and informed of changes. They understood their roles and gave kind and compassionate care to people when they had time.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 consistently safe.

People were not always protected from harm and staff did not understand all risks to their wellbeing. The environment was not sufficiently clean to manage infection. There were not always enough staff to meet people's needs promptly. Medicines were well managed and safe recruitment procedures were followed.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff were not always equipped to support people effectively. People's healthcare needs were met and they were encouraged to eat and drink enough. The environment met people's needs. People consented to their care or there were systems in place to make decisions in their best interest.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring.

Peoples dignity and privacy were not always respected. Staff were often task focussed but when they did have time they were kind to people. Families were welcomed at any time.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive.

People did not have enough stimulation or access to activities. Care plans were personalised and regularly reviewed. Staff understood people's preferences. Complaints were managed in line with their procedure.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led.

Some of the systems in place were not effective in driving improvement. Other audits had a positive impact on people's wellbeing. People knew the registered manager well and

**Requires Improvement** ●

reported that they were approachable. The staff team felt well supported and understood their responsibilities.

---

# Cedar Court Nursing Home (Dementia Unit)

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 21 August 2018 and was unannounced. The inspection visit was completed by two inspectors and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information that was shared with us by commissioners of the service to assist us to plan our inspection. We also used information we held about the home which included notifications that they sent us. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we ensured that the provider had the opportunity to do this during the inspection visit.

We used a range of different methods to help us understand people's experiences. We spoke with three people who lived at the home about their experience of the care and support they received. People who lived at the home had variable verbal communication and some people were living with dementia. Therefore, we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with twelve visiting relatives to gain their feedback.

We spoke with the registered manager, two nurses, the activities co-ordinator, two senior care staff and six care staff. We also spoke with a visiting healthcare professional and received written feedback from three others after the inspection visit. We reviewed care plans for four people to check they were accurate and up to date. We also looked at medicines administration records for seven people. We reviewed systems the

provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included audits and quality checks for infection control, medicines management, accidents and incidents, and health and safety checks. We asked the registered manager to send us information about people's health appointments after the inspection visit and they did so in the timeframe agreed. The provider also sent us the environmental action plan as requested.

## Is the service safe?

### Our findings

At our last inspection we found that there were not always enough skilled, suitably qualified staff deployed to meet people's needs effectively. At this inspection we found that this had improved because the registered manager had recruited nurses who were now able to provide consistent support to people. Relatives told us that staffing was better planned so that people were supported by staff they knew. One relative said, "The consistency of staff has had a positive impact on my relative." However, there were not always enough care staff deployed to meet people's needs in a timely manner. For example, another relative told us that they were upset to find their relative still in bed at 10:30am on the day of the inspection because this would not be their choice as they previously liked to get up much earlier. They said, "They could do with more staff, especially in the morning." We saw that people waited for staff to assist them with personal care; for example, after a meal it took staff approximately an hour to assist all the people in a communal area to bathrooms. One member of staff told us, "There are not enough staff. If we need to get people to the toilet then we need a third member of staff to observe people in the lounge. We sometimes have to wait up to an hour for another member of staff to be available to help us." Other staff told us that they were unable to spend as much time with people as they would like to. One said, "We are struggling and can't always meet people's needs; it makes you feel bad." Another said, "Low staffing is a strain, I feel we are rushing people."

This evidence represents a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about staffing levels. They explained that they used the provider's tool which planned staff levels around people's needs. They said they always put more staff in than the tool predicted they needed. They also said that they recognised the impact that newer people who had moved to the home had on staff capacity to meet people's needs.

At our last inspection we found that risk was not always managed to protect people from harm, and at this inspection we found that improvements had been made in some of the areas we identified. However, we found further improvements were still required to keep people safe. Staff did not always understand how to support people who could behave in a way that caused themselves or others harm. We observed an incident between two people which involved physical aggression. Although there were staff present in the communal room at the time of the incident they did not take any action. We intervened to protect the people and requested staff provide support and one member of staff agreed they should be seated in different areas. We reported the incident to the senior staff member who was in another room. When we returned we saw that the two people were beside each other again. We returned to the communal room later in the day and again found the two people seated together; we observed that the behaviour which caused the altercation had continued. In addition, we heard one person verbally threaten another. Again, staff did not take any action about this and continued with their tasks. This demonstrated to us that staff did not always understand what actions to take to protect people from harm nor to reduce the risk of incidents happening again.

This evidence represents a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



The risk assessments and care plans to support people to manage their behaviour were not detailed enough to assist staff. For example, one person was receiving one to one support from staff to assist them to be safe. We saw that some staff offered the person little interaction and only asked them to "sit down" or "stay calm." Other staff spoke with them at length and offered them cushions and foot rests. The person appeared calmer and more content after this. We looked at their care plan and it stated that the person, 'doesn't like to join in but needs space and reassurance'. This did not give staff the guidance needed to assist the person.

People were not always moved safely and in line with national guidance. We observed three occasions when staff supported people to move and they bore the person's weight. This does not meet guidance from the Health and Safety executive about moving and handling in health and social care. It could cause harm or injury to the person and the member of staff. On each occasion the person being moved was distressed or anxious and did not co-operate with the staff; for example, one person was moved to a wheelchair which only had one footplate. They were sat in the chair for over five minutes while staff searched for the other foot plate. They could not find it and so transferred the person to a different wheelchair. By this point the person showed signs that they were anxious and they did not hold their own weight when transferred for the second time. We looked at people's care plans and saw that they were detailed about moving people and how staff should assist them. However, they did not consider the impact that the person's dementia or behaviour may have on the manoeuvre.

The registered manager had introduced a system to review all accidents and incidents; including a weekly meeting which focussed on addressing the risks associated with any falls that occurred and any actions that could be taken to reduce them. However, we found concerns in other areas. For example, staff did not always recognise safeguarding concerns and we saw three unsafe moves. In addition, we have had concerns about supporting people with their behaviour, staffing levels and moving people safely at previous inspections. Therefore, although the systems are effective in improving some aspects of the service they have not addressed all to ensure that people were kept safe.

The home was not always cleaned to a sufficient standard to reduce the risk of infection. One communal room had a strong odour and food on the chairs at 10:30am. It had not been used since the previous evening. At 11:30am it remained in this condition; although it was cleaned before people used it. A second communal area had food swept into the corner of the room. We observed this throughout the day. One relative we spoke with said, "I don't think that the place is as clean as it was, now it always smells of urine". Another relative said, "They could do with better cleaning; the toilets always smell terrible". We spoke with the registered manager who told us that there had only been one domestic staff on the day of inspection because the other was attending training. We spoke with the provider about the odour in one corridor which had an old carpet on it. They sent us their improvement plan which stated that this would be replaced by October 2018.

The management of other risks had improved since the last inspection. We had found concerns about protecting people's skin when people had pressure areas or wounds. The systems which the registered manager had implemented were effective in managing this risk. This had resulted in some people's skin improving significantly since our last inspection. Staff understood their responsibilities to relieve pressure on people's skin who were assessed as being at risk. Equipment such as pressure reducing cushions were in place and mattress pressures were monitored daily in line with care plan instructions.

Medicines management had also improved and people were receiving their medicines as prescribed. One person told us, "I have a tablet now and again and the staff make sure I take it." Staff were knowledgeable about people's requirements including planning for time specific medicines so that people received them when they should. Some people were prescribed medicines to take 'as required'. Staff had a good

understanding of these and there was clear guidance in place. For example, we saw that one person was subdued and had not eaten much of their meal. Staff understood that this was unusual and offered them pain relief. This was in line with the guidance for the person. Some people received their medicines covertly, or without their knowledge (usually given in food or drink). The National Institute for Health and Care Excellence (NICE) quality statement is, 'Adults who live in care homes and have been assessed as lacking capacity are only administered medicine covertly if a management plan is agreed after a best interests meeting.' There were assessments in place for this and the decision to do so had been made in partnership with other professionals in the people's best interest.

Medicines were stored safely and record keeping had improved. Medicines which had to be used within a certain timeframe after opening were managed; for example, we saw that the date of opening had been recorded clearly so that staff could monitor this. The temperature of the environment was measured to ensure that it was correct to maintain the medicines integrity. Records were completed and monitored to ensure people had received them and there was detail about any discrepancies; for example, if medicines were refused and destroyed. There were regular checks of stock to ensure that there were enough for people and that the records tallied. Staff told us about their responsibilities to complete regular checks as well as the weekly and monthly reviews completed by the registered manager. We saw that these systems were effective in reducing the risks associated with medicines to keep people safe.

The provider followed safe recruitment procedures to ensure that staff were safe to work with people. They completed Disclosure and Barring Service (DBS) checks on staff before they supported people living at the home. The DBS helps employers make safer recruitment decisions by checking whether they have previous convictions. One member of staff told us, "After my interview I had to wait for five or six weeks for the DBS and references to come through before I could start work."

## Is the service effective?

### Our findings

Staff did not always have the skills and experience required to meet people's needs effectively. We saw that staff did not always support people to manage their behaviour, they did not understand their safeguarding responsibilities or move people safely. One relative commented, "I don't think the staff always know how to manage challenging behaviour." We spoke with staff about the training that they received. They told us that they had received training; for example, in managing behaviour. However, this had not been followed by competence checks or observations to ensure they were embedding the learning.

Staff did demonstrate that they were knowledgeable in managing people's healthcare needs and this was an improvement since the last inspection. They explained how they managed people's skin care and what signs they would look for which could show deterioration. They knew which people were nutritionally at risk and could describe how they supported people with specialist diets. A healthcare professional told us, "I think things are improving and the new nurses are good. My instructions are followed by staff and record keeping has improved." They went on to say the quality of referrals had improved and were appropriately made. Another healthcare professional said, "They have employed more qualified nurses which is a positive move and one that was much needed. Communication is improving and we are resolving when referrals should be made to us".

People felt that they had their healthcare needs met. One person said, "I see the GP when I need to and we also have the chiropodist and optician come in regularly." We reviewed people's records and saw that there were regular referrals to a variety of other professionals for specialist support and guidance. For example, there was input from speech and language therapists, falls specialist, tissue viability nurses, chiropodists as well as regular reviews by GPs and practice nurses. This demonstrated to us that people's healthcare needs were being met in partnership with other organisations.

Care and support was planned and delivered in line with current legislation and best practice guidance. Staff understood people's assessments about their needs and were given guidance to assist them to meet them. For example, oral care assessments were completed in line with NICE guidance. NICE stands for the National Institute for Health and Care Excellence and their guidelines are evidence-based recommendations, for health and care in England. The registered manager told us that a lot of work had been completed on reviewing and updating care plans and now that nurses were in post they would continue to be developed. One member of staff told us that some of the assessments required additional clinical information and that this was their priority.

People had enough to eat and drink and were monitored if they were at risk of losing weight; this was an improvement since the last inspection. One person told us, "The food is alright, they would offer us something else if we didn't want it". We observed that people were offered a choice when they did not like the first option they were given. For example, one person ate a few mouthfuls of food and then tried to leave the table. A member of staff asked them if they would like something else and they said they would. A fresh alternative was brought and the person ate everything. When people had reduced appetites, or were losing weight their food had nutrients added to it to increase the calories in it; this is called fortifying food and

includes adding fresh cream and additional milk to food. Some people needed to eat their food mashed or pureed to reduce the risk of choking. The food was presented in an appetising way; for example, the pureed food was moulded to look like real carrots. When people required support to eat, we saw that it was given patiently and with respect.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS). At the last inspection the provider was not working within the principles of the MCA. At his inspection we found improvements.

People were asked for permission before care was given. We heard staff explain what they were going to do and ask the person if it was okay. When people did not have capacity to make their own decisions there were systems in place to make them in their best interest. Relatives told us that they were included in discussions and we found that capacity assessments were completed when people were unable to make their own decisions. When people did have restrictions in place to keep them safe, such as bed rails or covert medicines, applications had been made to authorise them. Any conditions on authorised DoLS were complied with.

The environment was planned to meet people's needs. One relative told us, "[Name] likes to walk around and so this environment works well for them. The secure garden makes a big difference for them." There was some signage to assist people who were living with dementia to orientate. There were several communal areas so that people could sit in smaller groups and choose quieter environments.

## Is the service caring?

### Our findings

Dignity was not always respected for people living at the home. We found that this was a concern at the last inspection and it continued to be at this one. One person had chosen to sleep in a communal area and had been supported to do so. However, they had not received personal care in the morning and we saw that they were not supported to dress until midday. This meant they had sat in their nightwear without having had a wash for the morning with other people and relatives using the communal area. We saw other people did not always have clothes arranged to protect their privacy; for example, one person had their skirt raised when they were sat in their chair. Two hours after lunch had finished we saw that four people were sat in communal areas still wearing the clothes protectors they had been given during their meal.

When staff were busy they were often task focussed and didn't provide individuals with care and compassion. We heard staff speak about people in communal areas which did not protect their privacy. For example, one member of staff asked about meeting people's personal care, "Has everybody been done?" and other staff replied with a list of names. We saw that people were shouting or speaking with staff at times and staff did not have the time to sit with them and offer them reassurance.

People's privacy was not always protected. There were small windows in people's doors and staff told us that they always pulled down blinds when people were having personal care. However, we observed that they were not always closed during intimate time and therefore did not respect privacy.

This evidence represents a breach in Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When staff did have time, we observed some kind and respectful interaction with people. We saw people responded positively to staff holding their hands or giving them a hug. One person told us, "Staff don't have time to sit and talk to you but if you need them to, they would." Another said, "We have always had wonderful carers". A relative we spoke with said, "Some of the carers are absolutely brilliant. They have a good understanding of my relative and are good with them. They are very caring; for example, one member of staff brought some snacks in from the supermarket because they knew [Name] enjoyed them". Staff we spoke with told us that they often felt frustrated not to be able to spend more time with people. One member of staff said, "I love my job, it's great to know you have helped someone." Another said, "It's wonderful to see when someone is happy." However, a third said, "Sometimes I feel guilty when I get home because I haven't been able to support people enough".

People told us that they were able to make choices about their care. One person told us, "I choose what time I get up and what time I go to bed". Other people told us they chose clothes and what bathing support they wanted. Staff understood how to support people to maintain some independence. One member of staff told us, "I always support independence, [Name] likes to shave themselves so I support them to do that". However, a lot of people who lived at the home had limited verbal communication and we did not see staff spend a lot of time with people offering them a range of choices.

Relatives and friends were welcome to visit freely and we saw friendly interaction with staff when they did.

There were quieter areas they could spend time with relatives if they chose to. One relative told us, "I visit every day to support my relative with their meals and I am always welcomed".

## Is the service responsive?

### Our findings

People did not have enough opportunity to engage in activities or follow their interests. This was a concern at the last inspection and we saw there had been little improvement at this inspection. One relative told us, "We do not see any activities with the people who live here". Another relative said, "I have never seen staff interact with residents although they have games etc. available". We saw that people sat for long periods of time in chairs with limited interaction. Some people wanted to walk but we only saw one person use the garden. The people who lived on Bretby View remained on that floor and didn't go to the larger downstairs area or the garden.

There was a new member of staff employed who was attending their induction training. They told us that they would be focussing on developing interaction for people and that this would be based on their previous interests and employment. One relative told us, "We were really pleased to see the activities member of staff; it will be a big improvement when they start".

At the last inspection we found that people's care plans and records were not always consistent; at this inspection this had improved. Care plans provided staff with detailed information on how to meet people's needs in a personalised manner. We saw that they were regularly reviewed and amended when required. They included information about people's wishes for the end of their life, including decision's around whether people wanted active resuscitation. There was no one receiving end of life care when we visited but some people had medicines in place to manage pain should they deteriorate.

People were supported by staff who knew them very well and understood their preferences and interests. Staff were aware of people's needs and talked to us confidently about their care and support. One member of staff said, "We have meetings at the beginning of each shift where we discuss any changes in people's care needs." We saw that records were completed on a daily basis to monitor people's wellbeing.

Some people who lived at the home had disabilities and sensory impairments. There were care plans in place to reflect these; for example, to ensure staff understood how people communicated. However, the provider had not complied with the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Information had not been shared in an accessible way for people who lived at the home.

There was a complaints procedure in place that people and their relatives felt confident to use when needed. One relative told us, "I did have to make a complaint. The manager was very good and I was happy with how they looked into it and what they did." We reviewed records and saw that complaints were responded to in a timely manner and in accordance with the providers policy. Any concerns raised were clearly recorded with outcomes of findings and included written acknowledgment to people and investigation findings.

## Is the service well-led?

### Our findings

At our last four inspections we found that the systems in place to review and monitor the quality of the service were not sufficient to drive improvement. At this inspection we found that improvements had been made, although further improvements were still required. There was now a registered manager in post. 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.

The registered manager had implemented systems and audits to improve the oversight of people's health. This had resulted in closer monitoring and clear improvements in medicines management, healthcare needs including skin damage and falls management, nutrition, MCA and consent. They had recruited new staff, including nurses and this had assisted them to embed new approaches. However, some of the management tools and training that the provider used were not effective. For example, the dependency tool did not accurately predict how many staff were needed to meet people's needs. Some of the training provided did not equip staff with the skills required to meet the specific needs of the people who lived in this home, many of whom had complex requirements because of the dementia they were living with.

The service had been in special measures for the past three inspections because they were rated as inadequate in at least one domain. At this inspection we found that although there were improvements they remained in breach of regulations and the overall rating for this service is now Requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' or 'Inadequate' on five consecutive inspections.

In addition, at our inspection in January 2017 we found that staff did not always have the skills to support people to manage their behaviour, they didn't manage the risk of harm or always recognise safeguarding concerns. At this inspection we have found the same concerns. This demonstrates to us that the actions taken by the provider to improve the service were not sustained and people were again at risk of harm. Therefore, the quality monitoring systems had not been sufficient to demonstrate long term improvements.

This evidence represents a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation requires the provider to give us information about how they plan to improve the quality and safety of services and the experience of people using services. We will also be meeting with the provider to review what changes will be made to ensure that outcomes for people who use the service improve.

Records which contained personal information about people were not always kept securely. Care plans and daily notes were left in communal areas where people and visitors were. For example, in one communal area we saw one person's care plan was left on a table where other people were seated. In addition, when we asked for personal records we were directed by a member of staff to a room which contained care plans.



The room was not locked and there were no staff present.

This evidence represents a breach of Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had worked closely with other organisations to improve the quality of the service. This included the local authority and the health group who commissioned them to provide the service. They had met agreed actions on and improvement plan and the commissioners were satisfied that it was a safe environment for the people who lived there. They told us, "It is evident that the registered manager has made some positive changes since she started. There are robust audit processes in place and she appears to be managing the team and unit effectively. They have also implemented a new care planning system". This demonstrated to us that the registered manager adopted a partnership approach to improving the service.

People and relatives told us that there had been improvements. One relative said, "There has been a significant improvement since the registered manager took over". Another relative said, "I know who the manager is, and I find them all approachable". Relatives told us that there were regular meetings with the manager. They said they were informed of change and included in discussions about the way forward.

Staff also told us that they felt supported by the registered manager and that she was approachable. One member of staff said, "The manager is really good, she actually listens to you and communication is much better." Another member of staff told us, "The registered manager is brilliant; they trust us but want to know what's going on. Both the nurses and the manager couldn't be more supportive". We saw that the support was provided through regular supervision and team minutes as well as being available in the home to advise staff.

The registered manager understood the responsibilities of their registration and ensured that we received notifications about important events so that we could check that appropriate action had been taken. The notifications they sent were detailed and transparent; for example, for any safeguarding concerns reported they explained what investigation had taken place and what actions they had put in place to protect people.

The provider had displayed their previous inspection rating on their website and in the home in line with our regulations.

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 Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  People did not always have their privacy and dignity respected.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Service users were not always protected from abuse and improper treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Records were not always maintained securely in relation to the management of the regulated activity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not always sufficient staff deployed to meet people's needs.