

Mr S Siventhiran

The Oaks Care Home

Inspection report

432 Birmingham Road
Marlbrook
Bromsgrove
Worcestershire
B61 0HL

Tel: 01527876450

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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?

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 May 2018 and was unannounced. When we last inspected the service in October 2017 we found improvements were required in all key questions. There were four breaches of the Regulations and the provider was rated as 'Inadequate'. They were placed in special measures and served with a warning notice for a breach of Regulation 17, good governance. 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 Safe, Effective, Caring, Responsive and Well-led.

This service has been in Special Measures. 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. 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.

During this inspection, we found sufficient action had been taken to address the previous breaches of the Regulations around staffing levels, recruitment and assessment and mitigation of risk to improve so that the service was no longer rated inadequate. However, we identified further areas of concern at this inspection, which the provider had not identified. There continued to be areas needing improvement and the provider needed to ensure improvements were sustained and fully embedded within the culture of the service. Therefore the provider remains in breach of Regulation 17, Good Governance.

The Oaks Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Oaks Care Home provides personal care and accommodation for up to 16 older people, some of whom may be living with dementia. There were 15 people who were living at the home on the day of our visit.

There was a registered manager in place at the time of our inspection visit. A registered manager from the providers other service came to support the inspection visit. 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.

Some risks to people were not consistently assessed when people first moved into the home, which meant that some people were placed at potential risk of harm. However, we found that improvements were being made and staff and management were learning and therefore improving the safety of people's care. Staffing levels reflected the needs of the people who lived there. Staff were able to meet people's needs and keep them safe from harm. The management of people's medicines had improved, however further work was required to ensure this was following best practice. The environment of the home did not always promote people's safety and we raised concerns with the provider regarding the security of the building.

The registered manager had put in place checks to ensure staff were competent in their roles and supporting people in line with best practice. New staff were beginning to receive training prior to starting work for the provider in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of those who work in Health and Social Care. Staff sought people's consent before supporting them, staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and drink enough. We found that people had access to healthcare professionals, such as their doctor when they required them.

The home environment still did not fully promote people's independence and dignity. The provider acknowledged during our previous inspections in January 2016, October 2016 and October 2017 that work was required to improve the bathroom facilities for people. At this inspection we found this work had still not been completed. The provider told us their plans to have this completed had now moved to August 2018. People told us that staff treated them kindly and respected their privacy. Relatives raised concerns about their family members' dignity and respect, as they often found them wearing other people's clothing.

People received care that was responsive to their individual needs. Staff were beginning to embed a culture where they engaged with people and supported them to maintain their interests. Information on how to raise complaints was not always provided to people and their relatives. Relatives told us they had raised complaints, but when we looked at the provider's complaints since the last inspection there were no records of these to demonstrate that complaints were listened and responded to.

People felt the service was run well, while we received a mixed response from relatives about this. Staff felt there had been some improvements in the running of the service and felt morale had improved. Some staff reported to us that the provider continued not to listen about how the service should be run, and that the changes in the environment were minimal. Systems to ensure the service was delivering good quality care were beginning to take place, however these were not always comprehensive. The provider was beginning to understand their responsibilities in ensuring they were meeting the legal requirements. However their systems were not consistent to demonstrate how they identify areas for improvement. The systems that were in place were not embedded to demonstrate consistency for the running of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risks to people's safety were not consistently assessed to ensure staff delivered safe care to people.

People received their medicines as required, however checks on controlled drugs held on site were not in place.

Staffing levels reflected people's current care needs, so staff could meet people's needs and keep them safe from potential harm.

People felt safe in the home and staff recognised signs of abuse and how to report this.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were beginning to receive training so they had the right skills to meet their personal care needs. However, these skills and knowledge had not been fully embedded.

People received care that they had consented to, and staff understood the importance of this. People had access to healthcare professionals when they required these.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

The home environment did not always fully promote people's independence and dignity.

People and relatives felt all staff were kind and caring towards them.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Complaints were not consistently recorded or responded to so that a satisfactory outcome was reached.

Staff were able to meet people's needs in a timely way. Staff spent time with people and supported them to maintain their interests.

Is the service well-led?

The service was not consistently well-led

The provider's systems for checking the service were not fully comprehensive or yet embedded to demonstrate they were delivering a good quality service.

The staff were developing a more open culture to deliver good practice.

Staff felt there had been some improvements to the running of the service.

Requires Improvement 

The Oaks Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 24 May 2018 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

We spoke with four people who used the service, four relatives and one visiting healthcare professional. We spoke with five care staff and one cook. We also spoke with the deputy manager, the registered manager and the provider.

We used the 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.

We reviewed aspects of three people's care records and medication records. We also looked at three staff recruitment records, maintenance records, complaints, training records and environmental audits.

Is the service safe?

Our findings

At our last inspection in October 2017 we rated this domain as Inadequate. This was because risks to people's safety were not adequately assessed and monitored to ensure staff delivered safe care to people. Staffing levels were not adequate to keep people safe from potential harm. The registered manager had not always reported safeguarding concerns to the correct authorities and the controlled drugs were not stored securely. At this inspection we found that improvements to the service had been made, but further work was required to ensure the service was safe.

At our last inspection the risk of harm to people was not always managed in a consistent way to ensure they were kept safe from injury. We found examples where staff did not use appropriate equipment to move people safely. At this inspection the provider had ensured there was sufficient equipment for staff to move people safely. The registered manager told us that when they were considering new people to come to live in the home they made sure they could support their mobility needs. The people who were living at the home were independently mobile and therefore did not require any equipment to help transfer them. A staff member told us how they had become concerned about a person's reduced mobility and told us they raised this with the registered manager. They said that the registered manager, "made sure we were supporting [person's name] in the right way, and that made me feel confident that we were." This demonstrates that staff were better aware of potential risks to people and felt confident to raise any concerns with the registered manager so that safe care was being checked and delivered.

At this inspection we found there were some improvements in how staff managed risk to people, however staff did not always act promptly in response to emergency situations. For example, one person had suffered a serious injury, but the night staff had delayed in seeking medical attention and action was only taken when the day staff had arrived. The registered manager told us that following this incident staff had received first aid training, and that they had discussed their inactions with staff to reduce the risk of this type of incident from happening again.

Staff raised concerns regarding the security of the building, informing us that the front door did not always close properly. They told us and we saw the door handle had broken off from the inside and had not been replaced. The provider told us they had left it like this as, "People pull on it when they try to get out." After the inspection the provider told us they had replaced the door handle and reminded staff to ensure it was closed gently to ensure it activated the key coded lock. The provider also advised the locks on the doors leading to the patio were being replaced. We spoke with the provider about other aspects of the environment, in one vacant bedroom a carpet grip was missing, which left two sharp metal edges exposed; this had not been picked up by the provider's environmental audit. The provider assured us this would be repaired before any person moved into that room. The doors that led to the garden from people's bedrooms were only locked with a small bolt and were difficult to shut. The provider told us, "The doors have been like that since I bought the home, I will look to replace the locks." On the day of our inspection the lights on the ground floor corridor were off, with natural light only coming into the hallway if people's bedroom doors were open. Staff and relatives told us the lighting had not been working for a week and one relative said, "[Persons name] tripped up the step as it is dark." The provider told us they were getting the electrician in

the following day and that their "handyman had not been able to fix it". However the provider had not ensured the premises were always well maintained and safe for the people who lived there.

The home was clean and we found that the checks the registered manager did were working more effectively. Mattresses, bathrooms and commodes were clean, and the provider was replacing carpets in people's bedrooms with laminate flooring. On our arrival at the home an unpleasant odour was noted. Relatives told us they found the odour unpleasant with one relative saying, "My children do not visit anymore as they do not like the smell." A further relative told us their family member suffered from incontinence but it was only after six months the provider was "finally changing the carpet for laminate so staff can keep it clean".

At the last inspection we found some concerns with the management of people's medicines. For example, staff did not always have clear directions for giving a person medicine covertly and controlled drugs were not stored securely. At this inspection we found that clearer instructions for staff were in place to administer covert medication. The provider had now secured the controlled drugs in a lockable cabinet which staff could access. Staff had received updated medicines training and the registered manager checked staff's competency. Where there had been a medication error this had been reported and managed in a way to ensure the person was safe, with further training given to the staff member. However, we found that staff were not always following best practice to record people's medicines. For example, we found some people's medicine charts were hand written, which puts people at potential risk of harm, as these may have been incorrectly written. The controlled drug book had not been accurately completed for each administration, which meant that the registered manager could not be sure that the medicine count was accurate and people were having their controlled drugs as prescribed. The registered manager told us that they had not monitored the controlled drugs as part of their audit and confirmed that this would now be incorporated as part of the audit.

At the last inspection we found inconsistencies with staff knowledge on how to use a prescribed thickener, which is used to thicken the fluids given to people who have swallowing difficulties. At this inspection people who lived in the home did not require any thickened fluids. The registered manager told us that there was no one with swallowing difficulties, and this was kept under review should a person's needs change.

At the last inspection we found that the registered manager had not always ensured that the correct authorities were informed where there were incidents of physical abuse involving people who lived in the home. The registered manager had a clear understanding of the need to notify relevant authorities of any such issues. The registered manager confirmed there had been no incidents between people since our last inspection. At this inspection people we spoke with told us they felt safe living in the home. One person said, "They [staff] look after you here; you are not left". Relatives told us they felt their family member was safe from abuse. A relative told us they had seen staff supported and reassured people who became distressed.

People and their relatives did not raise any concerns to us about staffing levels. One person told us, "I do not need to wait; the staff come and help me when I need them". We spoke with staff about staffing levels, who told us this had improved since the last inspection. Staff told us staffing levels had been increased during the busy periods, such as mornings, evenings and weekends and this was working well. Staff also felt that people's dependency needs were lower, as people were mobile and mostly required the support of only one staff member. Staff told us that this enabled them to spend more time with people, and be on hand to provide reassurance where people who lived with dementia may need further emotional support. Staff told us that people were generally settled during the night and the staffing levels during the night were sufficient to keep people safe.

The registered manager and provider explained how they had learnt from past experiences to improve the service they offered people. For example, the registered manager told us they completed fuller assessments of people care needs before they arrived at the home so they could be sure they could support the person's needs and had sufficient staff in place. They shared examples of where they had deemed it not appropriate for some people to move into the home as they could not adequately meet their needs. From our observation it was clear that this was beneficial to staff and the people who lived there.

We looked three recruitment files of new staff members who were working in the home and found that some improvements had been made. For example, where a staff member's Disclosure and Barring Service (DBS) check had shown a potential risk, the registered manager had assessed whether the staff member was safe to work with vulnerable people living in the home and had processes in place to review this. The DBS searches police records and barred list information to help employers make safer recruitment decisions. We also found that references were sought prior to staff beginning employment.

Is the service effective?

Our findings

At our last inspection in October 2017 we rated this key question as Requires Improvement. This was because people were not always supported by staff who had the right skills to meet their personal care needs. At this inspection we found there had been some improvements. We have rated this key question as Requires Improvement. We recognised that action was being taken to address the previous concerns in relation to staff support and training and safe care and treatment. The characteristics of ratings for 'Good' describe a level of consistency in the effectiveness of the care and support people receive. We will check these issues at our next planned comprehensive inspection.

We spoke with people about the skills and knowledge of the staff who supported them. One person told us, "They know how to look after you here." A further person explained to us how staff understood their needs and how to support them. We spoke with staff about the training they had received since our last inspection. Staff told us they had completed first aid training, manual handling and medicines training. All staff we spoke with felt this had been beneficial to them in improving their practice and shared examples of how they had used this knowledge. For example, a staff member told us the medicines training had helped them to improve their practice so they were more efficient when administering the medicines. Newer staff told us they were working through their Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of those who work in health and social care.

Staff told us they had the opportunity to speak to the registered manager about further training and development. For example, some staff told us they would benefit from dementia training. A staff member told us how they had completed this in a previous role, but would appreciate a refresher course so they could update their knowledge. The provider told us that this was training that staff would be attending in the near future.

People told us they were involved in assessments of their care which covered different topics such as their interests and hobbies. However we received a mixed response from relatives, with some relatives explaining that staff had quickly adapted to support their family member in the right way, while other relatives felt that further attention was needed to ensure their family members were receiving the right care. We looked at some assessments of people's care and found that their assessments of their needs were not always comprehensive to ensure the staff were equipped to meet people's needs. Where people had moved into the home with specific care needs, such as continence care, this had not been assessed on admission to ensure the right external healthcare teams were notified for on-going support or that the person had the right aids in place to support them and maintain their dignity.

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

We spent time in the communal areas to understand how staff supported people and respected their wishes. We saw that staff gave people choices and sought their agreement before assisting them. One person told us, "I do what I want, when I want it; nobody tells me what to do." Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. We spoke with a relative of a person who lacked capacity in some areas of their care. They told us they were involved and that staff listened to them.

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

The registered manager was aware who had a DoLS in place. Staff were aware who had a DoLS in place and how this affected their care. We saw the registered manager had applied for a DoLS authorisation where people were receiving restrictive care so people so they were being restricted lawfully.

People told us they enjoyed the food at the home. One person said, "The meals are fantastic and I love the rice pudding." Relatives told us the food looked appetising and the meals reflected their family members' preferences. During meal times, staff asked people if they were happy with their meal, or if they wanted more. We saw staff offered people snacks and drinks throughout the day. One relative told us their family member had lost some weight since they had arrived. We looked at the person's care record and saw that staff were monitoring the person's food intake. The cook was aware of people's dietary needs and how to tailor the meals to their individual requirements.

People told us they could see their doctor when they wanted and relatives confirmed the doctor visited weekly or if their family member became unwell. From speaking with staff and looking at care records, we could see that other healthcare professionals, such as chiropodists, opticians and dieticians had been involved in people's care.

Is the service caring?

Our findings

At our last inspection in October 2017 we rated this domain as Requires Improvement. This was because the home environment did not always promote people's independence and dignity. At this inspection the key question has remained as Requires Improvement.

The facilities within the home environment still did not promote people's independence. At our three previous inspections in January 2016, October 2016 and October 2017 we found that the facilities for people to wash themselves did not promote their independence. Within the home there are two bathrooms and one shower room. The registered manager had deemed the shower room and the upstairs bathroom unsafe for use, as the access and risk of slipping were high. At the previous inspections the provider told us they had plans to make these rooms suitable for use so people had a choice and to promote their independence. At this inspection we found the provider had continued to not make any changes. The provider told us this was due to the expense of replacing the bathrooms. Staff continued to share examples of people who had their independence taken away, and told us people were fully reliant on staff for assistance getting into the bath, whereas with a shower some people would require minimal assistance.

Two relatives told us their family members' clothes would go missing. They told us how they would regularly find their family members wearing other people's clothes and underwear. Both relatives told us they labelled the clothing and did not understand how it could always go missing. They expressed to us their concern for the lack of respect this showed towards their family members. Both relatives told us they had raised this with the registered manager but this continued to happen. One relative told us how they now took their family members clothes home to wash, but continued to find their clothing would go missing or they would wear someone else's clothing. We spoke with the registered manager and provider about this. The registered manager showed us documents where they had raised this with staff. They told us that this would be addressed further with staff.

People told us staff were caring. One person said, "Staff chat to me and everyone is friendly. I am never lonely." Relatives felt staff were caring in their roles. One relative told us, "[Person's name] really took to the staff and built a rapport and good relationship." Another relative said, "The care staff are fantastic." We spent time in the communal areas of the home and found that staff approach with people was kind and patient. We saw how staff provided people with reassurance when they became anxious, which helped the person to settle. We saw how staff talked with people in a positive and encouraging way. We saw people smiling, chatting with staff and hugging them.

Staff continued to speak about people with great affection. A staff member told us, "There is a lot of love here for the residents. We help each other out and support each other". They continued to say, "I'd buy this home if I won the lottery and spend the money on it. Nice rooms and environment for people to live in - it is what people need; it is their home."

Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having

discussions with other staff members about any care needs.

Is the service responsive?

Our findings

At the inspection in October 2017 we found rated this key question as Requires Improvement. This was because people had to wait for staff to become available before they could be supported with their individual needs. Staff had not always identified people's individual needs and wishes, and because of this people's preferences were not being met. People did not always have the opportunity to take part in interests and hobbies they enjoyed. At this inspection we found that this aspect of their support had improved for people. However, the provider needed to make improvements in other areas.

At the last inspection the registered manager had not always appropriately assessed people's general health and well-being. Where people's health had begun to slowly deteriorate and their care and support needs had become greater, the registered manager had not considered all aspects of their care and whether they were still able to meet their care needs. At this inspection the registered manager had ensured they regularly assessed people's changing needs to ensure they could still meet their needs. Where people's health had declined, their care had been adapted to ensure staff were able to continue to meet their needs. For example, where one person's general health was deteriorating they were now cared for in a bedroom on the ground floor so they could be closer to staff during the day.

We found improvements had been made to support people to maintain their hobbies and interests. On the day of our inspection there was an exercise class which we saw people participating in. We spoke with people afterwards who told us they had enjoyed this. We found the atmosphere in the home was cheerful, with people and staff engaging with each other. Staff used everyday tasks as opportunities to engage with people in a more meaningful way, such as talking about the articles in the newspaper and people helping staff to prepare the tables for lunch. A relative told us staff were accommodating towards their family member and that they supported the person in the right way. We saw a staff member looking through a photo album with a person and using this opportunity to talk about their past, which actively engaged the person. People told us they had recently celebrated the royal wedding and had enjoyed this day.

People did not raise any complaints to us about the service. However relatives of two of the people who lived in the home shared their concerns with us that they had shared with the registered manager. These concerns were around missing clothes and wearing the wrong clothes, along with concerns about aspects of how some care had been delivered. They told us they had raised these with the registered manager but the concerns had still continued. The relatives told us they were not aware of what the service's complaints policy was or that this had been given to them. We asked the registered manager to show us the records of the complaints in question.. However, these had not been recorded. The registered manager told us that the clothing complaint had been raised with staff and following the inspection they would raise this further. The provider explained to us that the record of the complaint relating to aspects of care delivery had not been kept in the home. They could not share with us how they were responding to this in line with their policy so that satisfactory outcomes for the complainant could be reached.

Is the service well-led?

Our findings

At our inspection in January 2016 we found a breach of regulation 17, Good Governance. In October 2016 the provider had made some improvements around this, with regular support from the local authority and had met the conditions of the breach, but remained as Requires Improvement in this area.

At the last inspection in October 2017 we rated the provider as Inadequate in this domain and served a warning notice to the provider in relation to breach of Regulation 17, Good Governance. This was because the provider and registered manager did not lead their staff team to promote a culture that was open, fair and strived to deliver good practice. The provider did not have robust checks in place to identify shortfalls and drive improvement and the provider's staff did not feel listened to about the running of the service. We also found that the records for people's care and staff records were not always clear, complete or accurate.

During this inspection we found some improvements had been made and there were some plans in place to ensure further improvements. However, these were not comprehensive to ensure all aspects of the service delivery were accounted for. The practices that were in place had not been fully embedded, we also identified shortfalls which the provider had not identified, so further action in this area was required.

At our inspection in October 2017 the service provision had declined in areas such as people's safety, staff training and staff recruitment. Through our conversations with the provider it was clear that they had not understood their legal responsibilities, and did not have sound knowledge of the regulations that they are legally required to meet.

At this inspection the provider told us they were basing their quality assurance checks against the CQC key questions of safe, effective, caring, responsive and well-led and had worked on four of these so far, with well-led as still an area to review. However, the provider could not demonstrate how they had assessed the service so they could continually and consistently identify any shortfalls and improve the service. We continued to find some areas of concern regarding the premises, which the provider had not been identified. Other checks the provider had in place were not robust or comprehensive, such as the controlled drugs not being checked. This showed that while the provider was making some changes, their systems and processes had not been fully developed so they could be assured the service was delivering good quality care.

Most people living in the home did not comment about the opportunity to discuss the way the service was run. However those who we did speak with felt the service was run well. Relatives continued to tell us that they felt they were able to comment about their family members' care, but had not been given the opportunity to feedback about the overall service. Some relatives told us the provider had not told them about the inadequate rating given to the service. Relatives said they had found this information from reading the local newspaper and this had been a shock to them. Relatives felt that the provider should have been more open with relatives about what they were doing to improve the service.

Staff told us they felt that the changes to the environment had not been sufficient and continued to express their disappointment in the provider's slow improvements to the environment of the home. One staff

member said, "The provider needs to listen to the [registered] manager, so she can do her job." A further staff member told us the provider only did, "the bare minimum" to improve the environment. We continued to see that the provider was not always responsive in improving the environment. For example, we saw in the kitchen that the dishwasher had broken and been out of use since January 2018 and the provider had not replaced this. We asked the provider why this had not been replaced, they told us, "The cook said they could cope, but it was silly. I should have just replaced it."

Staff told us they had raised concerns about the front door not closing properly along with the ground floor bedroom doors that accessed the garden area. One staff member told us, "These doors are old wooden doors; they need to be upgraded to uPVC so that we can close them properly and we can lock them so people are secure". The provider told us they had improved the garden area and re-seeded the lawn to make it nicer for people. However, we found there was an old sofa, mattresses stacked up and other furniture items left outside in the garden which did not make the garden nicer for people.

Based upon our conversations with the registered manager, we were not assured they worked in a coordinated manner with the provider and had the support they needed to manage the service effectively. This included the way the service was to be run, changes to the environment and support to carry out their own management role to enable them to manage staff more effectively. The provider told us they felt they were better supporting the registered manager and explained how they had taken on roles such as recruitment to ensure this was being done in the right way.

All of the above information demonstrates there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Staff were positive about the changes that had taken place since the last inspection. Staff felt the changes to the dining room made this a more pleasant experience for people to enjoy their meals. Staff also felt that morale within the staff group had improved and they felt supported by the registered manager. Staff told us they felt able to raise concerns with the registered manager if they felt care was not being delivered safely, or where they were unsure of how to provide people with the right support. This demonstrated that the culture of the staff group was becoming more open and transparent so that learning and improving the service provision could take place.

At the last inspection we found that the registered manager did not always lead by example and promote best practice within their staff team. However, at this inspection we found the registered manager promoted good practice and promptly addressed with staff any areas identified by them through their own checks and audits. Staff told us the registered manager was supportive and worked with them to provide support and guidance in their role. The registered manager was now refreshing and developing their skills and knowledge to ensure they led a staff team which followed best practice.

The registered manager was ensuring staff attended training and checked their competency. Where staff required additional support and supervisions these were now taking place. However, we found other areas where the systems for checking were not robust. For example, the registered manager was not always aware of incidents and accidents that happened within the home. Incidents and accidents were not robustly reviewed to identify areas for improvement, learning or to mitigate potential risk.

We have rated this key question as requires improvement. The characteristics of ratings for 'Good' describe that the service should be consistently well-managed and led. The leadership, governance and culture should promote the delivery of high quality, person centred care. It is acknowledged that some systems are in place to improve the delivery and recording of care. However these systems were not yet embedded into

everyday practice. We will check these issues at our next planned comprehensive inspection.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers checks were not comprehensive to ensure all aspects of the service delivery were accounted for. The practices that were in place had not been fully embedded so further action was required.</p>