

BC&G Care Homes Limited

Ambassador House

Inspection report

31 Lansdowne Road
Luton
Bedfordshire
LU3 1EE

Tel: 01582486244
Website: www.bcgcarehomes.co.uk.

Date of inspection visit:
12 September 2018
13 September 2018

Date of publication:
05 December 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced comprehensive inspection was carried out on 12 and 13 September 2018.

Ambassador House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 25 people in one adapted building. At the time of the inspection, 21 people were living at the service.

There was a no registered manager in post because they left the service in May 2018. A new manager had started at the service four weeks prior to the inspection and they had not yet registered with the Care Quality Commission. 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.

At the previous inspection in December 2017, we gave the service an overall rating of 'requires improvement'. However, Well-led had been rated 'inadequate' because there were multiple breaches of regulations, and the provider did not have effective systems to provide consistently good quality care. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions to at least good. We met with the provider, registered manager and the nominated individual in May 2018. We also attended a meeting arranged by the local authority later that month, during which the provider gave updates on the improvements they had already made.

At this inspection, we found some improvements had been made and people now received caring, respectful and responsive care. However, there were areas that still required improvement in Safe, Effective and Well-led. There were also breaches of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We therefore, gave the service an overall rating of 'requires improvement'. This is a third consecutive inspection where the service had an overall rating of 'requires improvements'. You can see what action we told the provider to take at the back of the full version of the report.

People's care plans and individual risk assessments were not always robust enough to help staff mitigate known risks. This had resulted in unsafe care for one person and had the potential to put other people at risk. The provider's staff recruitment processes were still not robust enough to evidence that gaps in staff employment histories had been explored. References had not always been requested from the most recent, previous employer. Further environmental improvements were necessary to create a dementia friendly service.

The provider systems to assess and monitor the quality of the service had not always been used effectively to ensure that people received consistently safe, effective and good quality care. The management oversight

of the service had improved. There was evidence of a coordinated system to support learning across the three services owned by the provider.

Local safeguarding protocols were being followed by staff and people were not concerned about potential abuse. People's medicines were managed safely. There were systems in place to ensure that people were protected from the risk of acquired infections. The service was clean. The service had improved the amount and quality of activities provided to occupy people during the day. The provider had a system to handle complaints and concerns.

The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services when required.

People were supported by caring, friendly and respectful staff. People found staff to be responsive and sensitive to their needs. People had been given the opportunity to discuss their wishes about the kind of care they would like at the end of their lives.

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 always safe.

People felt safe with how staff supported them. However, there were not always effective care planning systems in place to protect them from harm.

There was evidence that incidents were recorded and reviewed to reduce the risk of reoccurrence.

There was now enough staff to support people safely and quickly. Improvements had also been made in how staff were deployed at the service. However, staff recruitment processes were still not robust.

People's medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's care records were not always up to date to enable staff to provide effective care.

Further environmental improvements were necessary to create a dementia friendly service.

Staff received regular training, support and supervision to enable them to meet people's individual needs.

People were supported to have enough to eat and drink to maintain their health and wellbeing.

The requirements of the Mental Capacity Act 2005 were being met.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind, caring and friendly.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were met in a timely way by responsive, respectful and attentive staff.

People were provided with opportunities to take part in activities they enjoyed.

The provider had a system to manage people's complaints and concerns. People told us they were happy with their care and had nothing to complain about.

Further working was necessary to ensure that staff knew how people wanted to be supported at the end of their lives.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had systems to assess the quality of the service so that they could identify any shortfalls in the quality of the service quickly. Further work was necessary to ensure that improvements were sustained and embedded in the culture of the service.

Because of staffing improvements, people now received caring, respectful and responsive care.

There was now more effective leadership and staff were confident that the service would continue to improve.

Ambassador House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 12 and 13 September 2018, and it was unannounced.

The inspection was carried out by two inspectors and an expert by experience on the first day. Only one inspector visited the service on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older people.

Prior to the inspection, we reviewed information we held about the service including the report of our previous inspection, and notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also received feedback from the local authority about their involvement with the service to help them improve. This included us attending a meeting with the provider arranged by the local authority in May 2018. Earlier that month, we had also met with the provider to understand what actions they were taking to make lasting improvements at the service.

During the inspection, we spoke with five people using the service, five relatives, three care staff, the deputy manager and the new manager. We spoke with two registered managers who managed the other services owned by the provider as they were supporting the new manager during both days of the inspection. We spoke with a consultant engaged by the provider to help them improve the service. We also provided feedback to the provider during the second day of the inspection. We observed how staff interacted with people, and how care was provided within communal areas of the service.

We looked at the care records for five people to review how their care was planned and managed. We looked at four staff files to review the provider's staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was being assessed and

monitored.

Is the service safe?

Our findings

When we inspected the service in December 2017, we found there were areas that required improvement. At this inspection we found there were still areas that required improvement.

During the inspection we witnessed an incident that put a person at risk of unsafe care. We observed staff give water to a person who was coughing a lot. We raised concerns that the person seemed to cough more when they drank the water and asked staff if they had been assessed for possible swallowing difficulties. We looked at the person's care records that showed they had been assessed by a speech and language therapist who recommended for them not to drink fluids while coughing. This information had not been used to update the person's care plans and risk assessments. The only mention of this advice was to tell staff to see the speech and language therapist's letter in another part of the file. The member of staff's action showed they were not aware of this guidance and therefore it was likely that other staff did not know this too. This could have resulted in the person choking.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did not identify any issues with other people's care plans and risk assessments. Because of the above, we were concerned some of these might not have been up to date to enable staff to provide safe care. However, there was evidence that these records were reviewed regularly. The manager told us they found the current care plans not as detailed as they should be. They showed us new templates they had recently started using for care plans, risk assessments and handover forms, to better share information about people's needs.

During our previous inspection, we found the provider did not have robust staff recruitment processes. This was because there were gaps in some staff employment histories that had not been explored and explained. References had not always been received from appropriate people, and there were not always enough copies of documents to evidence staff identity.

At this inspection, we found improvements in the quality of information to evidence staff identity. Disclosure and Barring Service (DBS) checks had been completed for all staff employed by the service. However, there were still unexplained gaps in some of the employment histories of staff employed after our previous inspection. References had not been obtained from the most recent previous employer for two members of staff. The copies of some of the references received by email were not in the files, and the manager could not find them for one member of staff. The provider had a checklist to ensure that all necessary checks had been done, but this had not been used effectively.

This was a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection, people and staff were cold because the heating system was not working

properly. Prompt action had not been taken to rectify the situation when we raised concerns with registered manager. We sent a safeguarding referral to the local authority because we were concerned about people's welfare. At this inspection, we saw receipts showing the work to repair the heating system had been completed. The provider told us they were now confident the heating system worked properly and people would be warm during the coming cold months of the year.

The provider had also completed refurbishment work to areas that had been previously identified as shabby and dirty. Some areas of the service had been painted, and broken furniture had been repaired or replaced. One member of staff said, "Maintenance work is done more regularly now." Some carpeted areas had been replaced with vinyl flooring. Staff told us they found the vinyl flooring easier to keep clean and would prefer this type of flooring to be used in most communal areas. Staff told us they also noted people using walking frames found it easier to walk on the vinyl flooring.

Some carpeted areas were stained, particularly in the first-floor room mainly used by staff. At times, people also used this for art and crafts activities. The manager told us of plans to change this area into either a hairdressing room, cinema or relaxation room. They said they were hoping for this work to start soon, but they would arrange for the carpet to be cleaned if the work did not start in the next couple of weeks. However, we found the service was clean. We observed staff cleaning the side tables after people had drinks and food to ensure that there were no spillages or food debris. The manager told us they had two cleaning staff and we observed one of them was present during the inspection. People we spoke with had no concerns about the cleanliness of the service.

Staff completed regular health and safety checks of the service to ensure that care was provided in a safe environment. These included checking that gas and electrical appliances were safe, fire systems and equipment were in working order. There was an environmental risk assessment to assess and mitigate any hazards that could put people, visitors and staff at risk of harm.

People were also supported in a way that ensured they were protected from risks of acquired infections. We saw that where required, staff wore gloves and aprons to prevent cross infection. Appropriate hand washing facilities had been provided to further prevent this risk. Hand gels were available in communal areas so that people cleaned their hands before having their meals. We observed staff supporting people well to do this.

People told us they were safe. One person said, "I feel safe and happy. We have a laugh and chat a lot." Another person told us, "The staff are good to us, I feel looked after."

Records showed staff had received training and guidance on how to keep people safe. Staff we spoke with knew how to report concerns. They said they would tell the manager in the first instance, or contact the local authority if necessary. People and staff told us they had never been concerned about potential abuse. They were confident the right actions would be taken by everyone to ensure people were always safe. One member of staff said, "Everyone is safe here. We've done safeguarding training and we talk about it at team meetings. I would not hesitate to report to the manager if I was worried about anything." Records showed the manager had followed local safeguarding protocols to report potential safeguarding incidents and we received appropriate notifications of these.

People we spoke with had no concerns about staffing levels and we observed there were enough staff on duty during the two days we were at the service. One person said they sometimes had to wait to be supported when staff were busy, but they were normally supported quickly. People and relatives told us they had also noticed there had been a lot of staff changes in recent months. Staff told us there were sufficient staff to provide safe care and support to people. They all told us recent improvements in staffing

numbers and how staff were deployed around the service were positive. One member of staff said, "Staffing has improved, especially at weekends." Another member of staff told us, "It's absolutely better now with four staff in the mornings. It's good for residents as we can now help them to wash and dress without rushing."

People told us they were happy with how staff supported them with their medicines. We observed staff give people their medicines in a supportive and respectful manner. We reviewed the provider's medicines management processes and we saw there were systems in place for ordering, administration, recording, storing, auditing, and returning unrequired medicines to the pharmacy. The deputy manager showed us how they now consistently checked deliveries from the pharmacy. This was to ensure there had the correct number of tablets as stated on the medicines boxes. They explained how the electronic system worked in recording medicines stocks and when medicines had been administered or due. They found this easy to use and they said the alert system reduced the risk of errors. Information we saw showed people had been given their medicines as prescribed by their doctors.

We saw there was a system to record incidents and accidents that occurred at the service. The records showed these had been reviewed and systems put in place to reduce the risk of these happening again. The manager told us they reviewed these records regularly as part of their quality monitoring processes and they were satisfied enough had been done to keep people safe.

Is the service effective?

Our findings

When we inspected the service in December 2017, we found there were areas that required improvement. At this inspection we found there were still areas that required improvement.

We found the environment did not provide interesting or stimulating features for people to look at, particularly for those living with dementia. We noted that most people were living with dementia and there was no evidence that the provider had followed current guidance on creating dementia friendly environments in their adaptations and décor of the home. Visitors used a toilet that could be accessed by walking through the dining room during lunchtime. We observed some people were distracted by this and it did not promote a relaxed environment for people to enjoy their meals. There was another toilet the visitors could have used, but none of the staff in the dining room told them about this.

During our previous inspection, we found people had not always been supported to eat and drink well to maintain their health and wellbeing. A choice of food and drinks were not offered regularly. At this inspection, people told us they were happy with the food provided by the service and they always had enough to eat and drink. One person said, "We're well fed, I get cereal and toast for breakfast, with a cup of tea. There's always a choice for lunch and we get sandwiches at tea. If I want something in between, there's load of crisps, biscuits and cold drinks near me." Another person said, "I can't complain about the food, but I really like fruit and vegetables, which are always tasty." A relative told us their relative who required soft food had been supported well by staff.

We observed there was a basket in the lounge with a variety of snacks for people to choose from. There were also jugs of squash and water for people to help themselves to throughout the day. Staff supported people who needed support to fill their drinks and those who needed assistance to drink. We observed hot drinks were also offered regularly.

There was a delay of about 10 minutes to serve lunch on the first day of the inspection and some people were getting impatient with waiting. However, we saw that staff did well in assuring those people that their food was coming. The manager explained that the cook had to deal with a delivery around the time they needed to start serving the meals.

During lunchtime, we observed staff supported people well to eat their meals. Staff did this empathetically, giving people enough time to chew and swallow the food.

People told us their care needs were met and they were happy with how staff supported them. Everyone we spoke with told us staff had the right skills to support them effectively. Relatives we spoke with confirmed this.

People had assessments of their support needs carried out prior to them moving to the service. This information was used to develop care plans to guide staff on how to provide the care needed to meet people's needs. However, we identified that more needed to be done to ensure that people's care plans

were always detailed enough to enable staff to meet their needs effectively. We discussed with the manager shortfalls we found in one person's care plans that had the potential to cause harm. They showed us that they had already started the process of reviewing people's care plans to ensure that they reflected people's current needs. They had also started using an electronic care planning system from July 2018. There were still in the process of gradually transferring all care records to the system. They said this system would make it easier to update care records in a timely way.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

The requirements of the MCA were being met by the service because care records showed that where necessary, people's capacity to make decisions about their care had been assessed. The manager had also sent referrals to relevant local authorities to ensure that any restrictive care was lawful.

Consent to care was sought in line with legislation and guidance. We saw that some people were able to give verbal consent to their care and support. Staff were aware that they could not provide care without people's consent. They told us they always asked for people's consent before care was provided and respected people's choice to refuse. However, they also knew they had a duty of care to ensure appropriate actions were taken when people's refusal put them at risk of harm.

Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were protected. However, one member of staff did not know what the MCA was. We checked their training records which showed that they had done this training. We discussed this with the manager who told us they had recognised that more needs to be done to help staff embed their training and to check their competence. The manager had also identified other training needed by staff including on how to manage behaviours that may challenge. They also said they would include discussions about what staff have learnt from training in team meetings and supervision meetings.

Staff told us they were happy with the quality of the training. One member of staff said, "Training is really good. We mainly do online training, but we do some face to face training too. We answer questions after each training to check that we understood what we were learning. We have to get a certain score to pass." Another member of staff told us they were up to date with their training. Training records showed that most staff were up to date with their training and that there were plans for others to complete their refresher training.

Staff told us they had regular supervision, and they found this a useful and positive process. They said the manager spent time in the communal areas to observe how they supported people and gave them feedback. They also found this a positive way of helping them improve their skills.

People had been supported well to access healthcare services they required. We saw that various professionals had been consulted and visited the service to assess people, and to provide advice and appropriate treatment. People told us they had been seen by professionals such as GPs, chiropodists,

opticians and hospital consultants. However, a relative told us the staff were not always quick at dealing with dental needs. This was because their relative had been experiencing problems with their dentures, but nothing had been done to resolve this.

Is the service caring?

Our findings

When we inspected the service in December 2017, we found there were areas that required improvement. At this inspection we found this had improved. Staff were caring and supported people well.

People told us staff were very caring and supportive. They also said they were treated with kindness, compassion and respect. Everyone we spoke with said staff had a good understanding of their needs and provided good care.

Staff said they had more quality time with people since staff numbers had been increased and they were deployed more effectively. They found it caring that they could now support people in good time, and without rushing because another person was already waiting for them. They said the other benefit of this was they now had time to spend interacting people so that they got to know them well. They found this enabled them to provide person centred care. One member of staff said, "The new manager wants staff to be always visible. She has also been getting staff to be more engaged with residents, which is a good thing." Another member of staff said, "Residents seem more lively because we spend time chatting with them." While another member of staff told us, "I have seen a big difference in residents' presentation because we now have more time with each of them. They are more relaxed because we are not rushing them at all."

Staff told us they found the management team effective at promoting a caring and inclusive culture within the service. We observed staff speak with people in a warm and friendly manner. Staff were considerate in how they supported people and were patient with people living with dementia, who needed to be reassured quite often. One member of staff said, "I feel that staff here are good in how they communicate with the residents. The problem before was staffing, but it's good now."

People told us that staff involved them in making decisions about their care and they respected their choices. However, none of the people we spoke with could remember if they had any discussions about their care needs and care plans. Relatives told us they had been involved in discussions about their relatives' care, mainly during an assessment before they moved to the service. One relative had attended their relative's care review on the first day of our inspection. They told us they found it positive and their views had been listened to. Staff told us they respected people's individuality and they had a role in ensuring that people's rights to express this were upheld. One member of staff described how they had learnt about non-discriminatory practices that meant they respected people's different characteristics and qualities. They added, "Although we treat people differently because they are different, we always have to be fair."

People told us that staff supported them in a respectful manner, and promoted their privacy and dignity. Staff told us it was particularly important to promote people's privacy and dignity when providing personal care. They described the different ways they would do this including ensuring that doors were closed. Staff also said they promoted people's independence by ensuring people could do as much as they could for themselves. One person who told us they were quite able to look after themselves, said they only asked staff if they needed some support. We saw that people who used walking aids had these kept within easy access to enable them to move around the service when they wanted to.

People's relatives told us that they could visit whenever they wanted to. They said this enabled them to remain close with their relatives' care. We observed that some relatives visited the service quite regularly and relatives we spoke with told us that they always felt welcomed. The provider was still exploring different options to create a comfortable room that people could use to meet with their relatives in private when they visited.

Is the service responsive?

Our findings

When we inspected the service in December 2017, we found there were areas that required improvement. At this inspection we found this had improved.

People told us their needs were now met by the service in a person-centred way. Improvements in staffing numbers meant that people were now supported quicker and the staff spent sufficient time with each person. People we spoke with confirmed this. Also, we observed staff were available to respond quickly when people asked for help. People seemed well looked after, and we had no concerns about the level of personal care provided by staff.

There were systems in place to support people to pursue their hobbies and interests. The service had one activities coordinator now as another one left the week prior to the inspection. There was evidence that activities were planned and provided to ensure people were not bored. An external person was booked to facilitate weekly gentle exercises for people. They came on the afternoon of the first day of the inspection and we observed that most people took part, with others needing more encouragement to join in. Some people attended an external 'singing café' on Thursdays. Different religious groups visited the service regularly to support people's religious and spiritual needs. Some people had recently attended a garden party hosted by another care home owned by the provider, which was located on the same road. The service also had their own garden party, which people said they enjoyed. Some people took part in art and crafts activities.

The manager told us they had been granted funding by a local charitable organisation to facilitate trips out for people. There were plans to take two people to the seaside that weekend. They had started having discussions with people about other trips out, with suggestions including Christmas shopping at a neighbouring city.

We observed a lively atmosphere in the lounge when a member of staff started singing along to the music. Some people quickly sang along and they appeared to really enjoy this. Staff were also encouraging others who seemed reluctant to join in. Staff told us the quality of activities provided for people to enjoy had improved. One member of staff told us these could be further improved to give people a variety of experiences. The manager agreed with this and said they would be talking to individual people to better understand what would make their lives more fulfilled.

We noted that the service also took the opportunity to engage people in meaningful activities. Two people enjoyed laying the tables at mealtimes and they told us they did this daily now. One person described it as 'their job'. We observed them doing this before lunch during both days at the service and saw they took pride in their work. This was a good way of helping people to maintain their skills and giving them something to look forward to each day.

People's told us their concerns were handled well and they had nothing to complain about. We saw that the manager acted appropriately to manage concerns and complaints about the service. A relative who told us

the management staff had previously not been responsive when they complained about their relative's care had felt listened to lately.

People had end of life care plans that detailed who was involved in making their funeral plans and how to contact them. The manager told us these would be further reviewed to ensure they contained people's wishes about how they wanted to be supported at the end of their lives.

Is the service well-led?

Our findings

When we inspected the service in December 2017, we found there were areas that required improvement. There were also multiple breaches of regulations. This key question had therefore, been rated 'inadequate'.

At this inspection we found some improvements had been made resulting in people receiving caring, respectful and responsive care. However, further work was necessary to ensure that the service was consistently safe, effective and well-led. This was because care had not always been provided in a way that protected people from harm. Care records required further reviewing to ensure they contained up to date information to enable staff to provide safe and effective care. Staff recruitment processes were still not robust enough to ensure that people were supported by suitable staff. Further environmental improvements were necessary to create a dementia friendly service. There were still breaches of regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because of the above, we gave the service an overall rating of 'requires improvement'. We were concerned that this is the third consecutive inspection where the service had an overall rating of 'requires improvement'.

We discussed with the provider how they were going to ensure they continued to make and sustain improvements for the benefit of people using the service. They told us of positive management changes that had been made since we met with them in May 2018. The registered manager left the service shortly after our meeting, with a registered manager of one of the provider's care homes providing interim support until the new manager was in post. There was a new deputy manager, an experienced senior staff who had transferred from one of the provider's care homes. The nominated individual, a registered person employed by the provider to act on their behalf had left the service. The provider was now registered for this purpose and had increased their level of involvement with providing leadership to the managers and overseeing how the service was run. This was confirmed by a manager who said, "[Provider] is very much hands-on and contacts the managers daily. He will come in if needed."

The provider had also engaged an external consultant who had spent time reviewing the provider's processes and staff practice so that they identified where any improvements were required. We spoke with the consultant who told us they would produce an action plan for the provider. They would also help them to put systems in place so that they made sustained improvements. The managers had completed a range of audits to assess and monitor the quality of the service. Appropriate action had been taken to rectify any shortfalls identified during the audits. The local authority had also provided regular support to ensure that the service improved. However, more needed to be done ensure that any improvements made were understood by all staff and embedded in the culture of the service.

The manager told us of improvements in how they worked together to promote learning and information sharing across the three care homes owned by the provider. They also said they now had better management communication through regular manager meetings with the provider

Staff told us of positive changes the new manager had made in the four weeks they had been at the service. They said the most important of those was that they had improved staffing, which in turn, improved the

quality of care they provided to people. One member of staff said, "I actually love it here. I feel like part of the furniture and enjoy spending time chatting with residents. The management changes have been very good for the home. The interim managers were supportive and [new manager] is good. I feel I can approach her with any issues." Another member of staff said, "Low staffing was an issue, but everything has got better now. [New manager] is very nice and friendly, and we work better as a team now." While another member of staff said, "Things were not very good before with not enough staff, but it is much better now for everyone."

Staff told us they had team meetings where they discussed issues relevant to their roles. One member of staff told us they had discussed the previous inspection report during these and what was required to improve.

People had no concerns about how their care was provided. As well as other positive feedback we received about staff, one person said they found the manager and staff to be kind and always helpful. They also said this about the manager, "She seems a nice person and we had a good chat. I used to be very nervous, but she and the staff have helped me to be more included." Relatives we spoke with were also positive about the improvements being made. We saw that a 'tea and chat' meeting was arranged for that weekend so that the manager could spend time getting to know people and meeting relatives they had not yet met. There was evidence that other meetings were held regularly to enable to provide feedback about the quality of the service.

The service worked well with other stakeholders such as people's allocated social workers to ensure that people's needs were met. We saw that the manager reported relevant issues to the local authority and we also received notifications where necessary.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care was not always provided safely because care plans were not always up to date. This had the potential of putting people at risk of harm. Regulation 12(1)(2)(a)(b)(i)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider's staff recruitment processes were still not robust enough to ensure that people were supported by suitable staff. Regulation 19(1)(2)(3)