Brookview Nursing Home Limited

Brookview Nursing Home

Inspection report

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Date of inspection visit:
13 March 2017

Date of publication:
25 May 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Brookview Nursing Home on 13 March 2017.This was an unannounced inspection. The service provided accommodation, nursing and personal care for up to 60 older people and younger adults, with a range of conditions including dementia and physical disabilities. On the day of our inspection there were 53 people living at the service, who required varying levels of care and support.

Our last inspection took place on 5 July 2016 and at that time concerns were identified relating to staffing levels and inconsistent quality monitoring and record keeping. We found the provider was in breach of two regulations, relating to governance and staffing. Following this the provider sent us their action plan telling us about the improvements they intended to make. During this inspection we looked at whether or not those improvements had been met. We found some improvements had been made but other improvements were still required.

We found significant improvements had been made regarding the quality monitoring systems, staffing levels and the opportunity for people to pursue meaningful person-centred activities. This meant the service was no longer in breach. However we did identify some concerns regarding the ineffective and inconsistent management of pressure areas.

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

People received care from staff who were appropriately trained and confident to meet their individual needs. They were supported to access health, social and medical care, as required.

People's needs were assessed and their care plans provided staff with guidance about how they wanted their individual needs to be met. Care plans we looked at were centred on the individual and contained the necessary risk assessments. These were regularly reviewed and amended to ensure they reflected people's changing support needs.

Policies and procedures were in place to help ensure people's safety. Staff told us they had completed training in safe working practices. We saw staff supported people with patience, consideration and kindness and their privacy and dignity was respected.

People were protected from the risk of harm or abuse by thorough recruitment procedures. Appropriate pre-employment checks had been made to help protect people and ensure the suitability of staff who was employed.

People received their medicines in a timely way. Medicines were stored, administered safely by staff who

had received the necessary training.

People's nutritional needs were assessed and records were accurately maintained to help ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals.

Staff received training to make sure they knew how to protect people's rights. The service acted in people's best interests and maintained regular contact with social workers, health professionals, relatives and advocates.

There was a complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments.

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.

The management of some people's pressure areas was inconsistent and ineffective. Improved staffing levels meant there was sufficient staff on duty to safely meet people's identified care and support needs. Medicines were stored and administered safely and accurate records were maintained. People were protected by thorough recruitment practices, which helped ensure their safety.

Is the service effective?

Good

The service was effective.

Staff were confident and competent in their roles. They had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). The service maintained close links to a number of visiting professionals and people were able to access external health care services.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of care staff. Staff treated people with kindness, dignity and respect. People were involved in making decisions about their care; they were asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's identified care and support needs. A complaints procedure was in place and people and their relatives felt confident any concerns or issues raised

would be addressed.

Is the service well-led?

Good

The service was well led.

The quality of service provided was checked and monitored by the registered manager. Improved audits had been implemented relating to the running of the service. Staff felt valued and supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion and respect.

Brookview Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 13 March 2017 and was unannounced. The inspection team consisted of one inspector, one specialist advisor; who was a registered nurse and an expert by experience, both with specific experience of dementia care services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

We looked at other information we held about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We observed care practice and saw how people using the service were supported. We spoke with seven people who used the service, five relatives, a visiting health care professional, an activities co-ordinator, four members of staff and the registered manager. We looked at documentation, relating to people's care including three people's care and support plans, their health records, risk assessments and daily notes. We also looked at two staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

During our inspection we identified some concerns regarding the inconsistent management of pressure areas and associated sores and ulcers. We spoke with a visiting tissue viability nurse (TVN) who told us three patients(people) had been referred by the staff to the TVN service, although she had not seen a safeguarding alert made with regards to these, which she had concerns about. She told us one person had acquired a grade two pressure sore, in the community, before they moved into Brookview. She said this had since deteriorated to a grade four pressure sore, "in-house." The TVN described the staff as, "Responsive, open and transparent." However she did raise some concerns regarding the effectiveness of the current protocols for managing pressure areas and the inconsistencies in the turning and repositioning charts.

We looked at the registered manager's records of 'Pressure Ulcer checks Audit' which they completed at monthly intervals. We saw there were gaps in the recording systems used to monitor action taken by the care staff, including night staff, in relation to pressure area management. The records demonstrated clearly that on occasions the care plan, which required the person to be repositioned every two hours, had not been carried out. This was despite the fact that one person's pressure ulcer had deteriorated, while they received care at Brookview, from 11 September 2016 when the wound was described as, 'Healing well grade 2' to 'Deteriorating…. now grade 3'. The TVN confirmed the wound was now "grade four with bone centrally visible." The nurse told us a senior care assistant was responsible for checking that repositioning charts were completed. However following our discussion regarding this issue the registered manager confirmed this arrangement would be reviewed immediately along with the existing policy and procedure for managing pressure areas.

At our last inspection in July 2016 we identified that staffing levels were not always sufficient to ensure people's safe care and support. Following that inspection, the provider sent us an action plan outlining the improvements they would make. At this inspection we found an effective dependency assessment tool had been implemented. We saw improvements had been made in this area, and there was sufficient staff deployed, with the necessary knowledge and skills to help ensure people were safe.

People who used the service spoke positively about the comfortable and homely environment. They told us they felt safe living at Brookview and were happy to speak with staff should they have any worries or concerns. One person told us, "I'm safe here, there's nothing to upset anybody." They went on to say, "I need two people to help me and sometimes have to wait depending on the circumstances; like if someone calls in sick it leaves them short." Another person told us they felt safe and well cared for. They knew how to report any concerns and said, "I think it's alright. They (staff) solve a lot of your problems if you speak to them. But yes I'm safe with staff and residents."

One person, with insight into their condition described the freedom they had to do as they wished. They told us, " I can't go out on my own because of my dementia, but I can go around the home alright as much as I want." On the same topic another person said they were free to go out by themselves whenever they wished. They told us, "said, "I can go to the market and I go and see my wife. I can just go out whenever, I just need to let them (staff) know I'm going somewhere."

Relatives we spoke with thought their family member was safe at Brookview. One relative told us, "[Family member] had become unsafe at home, where she could no longer look after herself." The relative felt reassured and confident their family member was now safe. They told us, "She's got used to the care home and is safe and secure here. They added, "She's fed, warm and eating properly."

Another relative was also confident their family member was safe at the service and told us there was "Mostly enough staff." They described how their family member needed two staff to move them and thought sometimes they had to wait a little as a result. They told us, "Most times there are enough staff but sometimes there aren't. Although, residents don't suffer because, even though they're busy, the carers always make sure they manage the situation." This meant although people were safe their care was not always provided in a timely manner.

Staff we spoke with were confident people using the service were safe. One senior member of staff told us, "People here are most definitely safe. There is a good group of care staff here now and we all know the residents well – and they know us!" They went on to say, "There are risk assessments in place and we all know the importance of meeting people's needs while ensuring they are safe. For example, for any personal care, staff all use PPE (Personal protective equipment) where appropriate, such as aprons and gloves." During our inspection we observed staff helping people to move people safely and using the hoist when required.. Two staff always supported people to move and we heard them speak to whoever they were assisting, explaining what was going to happen and gently reassuring them.

In the main entrance hall there was a notice board with a range of information regarding the CQC rating of the service and the results and outcome of a recent relatives' satisfaction survey. We also saw there were some information leaflets about dementia and safeguarding. A separate board displayed the activity programme for the current week.

Staff we spoke with demonstrated a sound understanding of what constituted abuse and were aware of their responsibility to report any related concerns they may have. They were able to explain the action they would take should they suspect abuse. One member of staff told us, "We've all had the training about the different types of abuse and what to do." This was confirmed by training records. Another staff member told us, "If I had any worries or saw something that was not right I would go to the manager." We saw the provider's policies and procedures and individual training records relating to safeguarding. This meant people were protected from possible abuse and harm because staff had the skills, knowledge and awareness needed to act appropriately if a person was potentially at risk.

There were personal and environmental risk assessments in place, which were regularly reviewed. We looked at the records and logs of accidents and incidents in the service for the previous twelve months. The registered manager confirmed that regular analysis of these records took place, which enabled them to monitor people at risk of harm. For example, risks from falls due to reduced mobility. Where risks had been identified, we saw appropriate action had been taken.

People we spoke with were confident they received their medicine at the correct time. They were vague about what they were taking and why but were content to leave that to staff. One person told us, "I get my medicines after breakfast, lunch and tea. No problem." Relatives also felt that medicines were correctly administered in a safe and timely manner. One relative told us, "[Family member] gets his medication on time."

We looked at the provider's arrangements for the management of medicines, including their related policies and procedures. Since the previous inspection an action plan had been implemented by the provider to

monitor and improves medicine management within the service. The deputy manager confirmed they were provided with supernumerary time dedicated to ensuring the safe management of people's medicines. We noted some gaps in the recording of fridge temperatures, for February and March, which we discussed during feedback and will be addressed by the deputy manager.

We observed medicines being administered. We saw people's medicines administration records (MARs) were completed by staff after they gave each person their medicines. We also saw the MARs had been appropriately completed to show when people had received 'when required' medicines. The deputy manager confirmed that people received an annual review of their medicines by the GP responsible for this.. These were carried out in consultation with the local GP and ensured people's prescribed medicines were appropriate for their current condition.

We observed medicines being administered during lunchtime by a senior member of care staff, in the dining area. We saw the member of staff spoke to each person with respect and reminded them what their medicine was and remained with them while the person took it. People told us they were satisfied with how safely their medicines were managed.

The provider operated a safe recruitment procedure and we looked at two staff files, including recruitment records. We saw that before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

Good

Is the service effective?

Our findings

People we spoke with thought staff knew what they were doing and felt confident they could support them appropriately. One person told us, "I have had a lot of things go wrong with me since I've been here, staff have managed very well. One nurse is here every day and the doctor comes whenever you need one." Another person told us their daughter would take her for specialist hospital appointments, but there was a dentist who came in to the home. People also felt staff were sufficiently trained to support them appropriately. One person told us, "There's friendliness about the place and most staff here are really good. There's a few I might not always get along with, but generally they're always there to help you." Another person told us, "I wouldn't still be here if I wasn't happy. I dreaded coming in here, but it's been a good move, don't regret it at all."

Relatives we spoke with said they were confident that staff knew what they were doing. They said all medicines were given correctly and in a timely way. One relative had particularly noticed that staff were "keeping an eye on their family member's skin problems. They told us, "[Family member] seems very well cared for- creams are being applied regularly, I know because I sometimes check and can feel cream has been applied. It's much better than when she was in hospital."

A nurse we spoke with said they worked on the bank and had been with the service for twelve years but had left due to the previous manager. They told us, "[Registered manager] persuaded me to come back. Things have got better with her, they have greatly improved. When she is on duty the atmosphere is really calm; she is open, approachable and leads by example". They went on to say, "[Registered manager] is very supportive and has really changed things for the better. She has employed a number of RNs on bank and we all have same access to training as permanent staff. I work Mondays and Fridays which are busy times and I really enjoy my work." Another member of staff told us, "We had lots of problems with staff before but [Registered manager] is very strict with procedures, which makes us more professional, she is making sure that staff know their boundaries."

People were generally satisfied and complimentary about the food they received. One person said, "The food's good and there's lots of it – even get tea and toast in the middle of the night, I don't sleep well and the carers will always make me some at night." Another person told us, "The food's alright if you want something different they will get it for you. It varies, sometimes it's brilliant, sometimes average, but there's enough and you get a choice." One person who had been at Brookview for several years told us, "The food's better now than it was and they're managing my diet better. Sometimes I've eaten everything in front of me, for the first time!"

Relatives we spoke with were also content with the food provided. One relative told us, "The food is lovely, mum doesn't eat a lot. When she had a problem with her teeth they recognised there was a problem and made sure she had a soft diet until it was sorted out." Another relative described how their family member had stopped eating properly when still living at home but they were now confident they were eating sufficient amounts and beginning to put on weight. They told us, "There's always a choice of food and they (staff) will always make her a sandwich if she won't eat what's on offer."

We observed the lunchtime period in the dining room. Tables were laid with cloths, cutlery and napkins. Food looked and smelt appetising. I saw staff offered a different meal if residents did not like the one they had. Most people were eating independently and we saw staff offered sensitive prompts and assistance such as cutting up people's food where necessary.

Staff said they felt confident and well supported in their role and received regular training as well as formal supervision. They also told us the new registered manager was very supportive and had made a positive impact since her arrival at Brookview. The deputy manager - and clinical lead nurse told us, "The manager checks the registration status of all the qualified nurses twice a year, using the NMC registration service on line and makes a note on our file." They added, "She has a system that flags up when our registration is coming up for renewal." A nurse we spoke with told us they had recently had supervision with the deputy manager and further training was planned for the coming months, such as catheterisation. They said medication training had been provided by the local pharmacy last year they had undertaken a medicines competency assessment with the deputy manager. This was supported by training records we saw.

People's Individual care plans we looked at demonstrated that, whenever necessary, referrals had been made to appropriate health professionals. People said they could always see the GP if they needed to. One person told us, "You get very good care, the GP comes and the optician." Another person told us, "There's a chiropodist who comes here and the hairdresser comes in weekly." Care records we looked at demonstrated that the service was responsive to changes in people's individual health needs. All appointments with and visits by health and social care professionals were recorded appropriately.

Staff confirmed that, should someone's health condition deteriorate, they would immediately inform the registered manager or person in charge. We saw that, where appropriate, people were supported to attend health appointments in the community. People's care plans contained records of all such appointments as well as any visits made by healthcare professionals. This meant people had access to healthcare professionals, as necessary.

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 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 saw that where a person lacked the capacity to consent to any specific aspect of their care, assessments were in place in their individual care plans. Staff described how they carefully explained a specific task or procedure and gained consent from the person before carrying out any personal care. This was confirmed by people we spoke with. Although not all staff had received training on the MCA and DoLS, the staff we spoke with had an understanding of the importance of acting in a person's best interests. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This demonstrated staff understood and adhered to the principles of the MCA and worked in the best interests of people who used the service.

Good

Is the service caring?

Our findings

People told us they were happy and comfortable living at Brookview. They and their relatives spoke) very positively about the kindness and compassion of the registered manager and care staff. One person told us, "The staff here are all very caring; they couldn't do the job if they weren't. They do everything they can for you." Another person told us, "The staff are very kind and treat me with respect and they are always around and ready to help." We spoke with one person who had been at the service for a number of years. They told us, "It's a wonderful place and the staff are all lovely. They always look out for me and we get on very well and are always having a laugh together." This view was shared by many people we spoke with; one person told us, "I feel like I've developed a good relationship with staff. I didn't know what to expect at first but now the staff are like mates - but they're still staff!"

We spoke with people about the level of their involvement in their individual care planning. One person said they were involved in their care plan; they described how they had spent some time talking to the registered manager about their personal care needs before their admission to the service. They told me, "As soon as I came here all my needs were catered for." Another person also recalled talking to staff about their care and support needs, they described the staff as kind and considerate.

Relatives all spoke very positively about the kindness and caring attitude of the staff. One relative said they had been upset their family member needed to come in to a care home but went on to describe how the staff had, "taken her in and made her comfortable and welcome right from the start." Another relative told us staff were, "Kind, caring and friendly" to her family member "and to me whenever I visit." They said staff treated their family member with dignity and respect and told us, "They're very keen here on privacy; they always knock on the door and make sure the curtains and doors are closed before they attend to [Family member]."

This view was shared by other relatives we spoke with. One relative told us their family member was treated with dignity and compassion and their privacy was always respected. They explained that they had spoken to staff about the need to support their family member while dressing. They went on to say this was now done routinely so their family member always looked clean and appropriately well presented, as they had always done before.

During the day we observed some examples of kind, considerate and respectful care towards people at the service. Staff demonstrated empathy and compassion as they attended to people and ensured they were appropriately covered when being moved by use of hoist equipment, to help protect their dignity. We observed staff moved people, using the hoist, sensitively and safely. We also saw how staff demonstrated patience and consideration, as they took time to reassure the person and explain what they were doing, why and how. They gave people time to understand what was happening and ensured they were comfortable. We saw people were relaxed and comfortable with the staff and responded positively to them and clearly enjoyed friendly and good natured banter. This meant people were supported and treated with kindness and compassion in their day-to-day care and their relationships developed with staff consistently demonstrated dignity and respect.

Good

Is the service responsive?

Our findings

At our inspection in July 2016 we raised concerns regarding poor and inconsistent record keeping and found the service was not always responsive to changes in people's care and support needs, due mainly to the insufficient number of staff on duty. During this inspection we found – with the exception of some turning and repositioning charts – the level and quality of recording had improved. We also found the deployment of staff had significantly improved. The registered manager told us staffing levels were now based on an effective dependency assessment tool, which had been implemented since our last visit to the service.

People received individualised care from staff who were aware of and responsive to their individual care and support needs. Before moving to the service, a comprehensive assessment was carried out to establish people's individual care and support needs, to help ensure any such needs could be met in a structured and consistent manner. People we spoke with said they felt the service was responsive to their needs and they were happy with the choices available to them.

One person said they were now able to join in with some of the activities, after previously having been confined to one room in their own home, because they were unable to move independently. They told us that although they had "dreaded moving into care" they had found they enjoyed the "bustle of the care home" and being able to be with other people. They went on to say they enjoyed the visiting singers and the various individual sessions with the activity coordinator. They were also very pleased the service had now found a taxi company whose vehicles would accommodate their wheel chair so they would be able to go out sometimes.

Another person told us, "I do baking and really enjoy gardening; I can always get out in the garden if I want and we do things like cuttings and planting. I like to mix with others and there's certainly enough here to keep you entertained." This view was shared by other people we spoke with; one person told us, "I enjoy most of the activities on offer and join in with baking and gardening. We also have a game of bingo, which I like – [Activities coordinator] ropes you in for everything!"

Relatives we spoke with also felt the service was responsive to their family member's needs. One relative told us, "[Family member's] needs are recognised and catered for. She is encouraged to join in with activities but always given a choice of whether or not to take part." We saw there was an activity board up in the main hall and also in the lounges with information about the activities provided for people each day.

People's Care records, including risk assessments, were located in the nursing staff office. Individual care chart were in people's bedrooms or with them if they were in the lounge area. Routine reviews by psychiatrists, community nurses, as well as annual reviews by the GP and diabetic clinics were appropriately recorded. There were risk assessments for moving and handling, risk of pressure ulcers, falls and malnutrition there was evidence that these risk assessments were reviewed and weights were regularly monitored.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care

and support needs so they could respond appropriately and consistently to meet those needs. One member of staff told us, "I really like to spend time with residents, just sitting and talking with them – and it makes them feel comfortable." Each care plan we looked at had been developed from the assessment of the person's identified needs. This demonstrated the service was responsive to people's individual care and support needs.

Individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people's care and support needs were met in a structured and consistent manner.

Staff described some of the improvements since our last inspection. One member of staff told us, "When [Registered manager] came in and made changes, some staff weren't very happy but now they can see how she has improved the place. We do work differently; for example now there's always two staff upstairs to keep an eye on the residents who prefer to stay in their room. And we now have clear guidelines, which is better for us and better for the residents. With the last manager, people were going outside for cigarette breaks before all residents were up in the morning. They were doing what they liked. Now it's all about the residents, they come first – and that's how it should be."

Another member of staff told us, "One of the main differences now is the paperwork; we are now expected to record everything. So people who need positioning charts or turning charts have them and staff are now filling them in, whereas before we had no way of knowing if Joe Bloggs had been turned - or when."

Staff said they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their care preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

People using the service and their relatives we spoke with told us they knew what to do if they had any concerns about people's care. They also felt confident they would be listened to and their concerns taken seriously and acted upon. One relative said they had confidence in the registered manager, who they described as, "Very good." They told us, "She will always listen and do something; she is currently offering to help with finding care funding. There was a problem with the laundry as well and the manager responded when I spoke to her." Another relative said they were aware of how to make a complaint. They told me they had not made any complaints but had spoken to staff and the manager about some aspects of care, whilst their family member was settling in at the care home. They were confident they could go to staff or the registered manager and told us, "We would have no hesitation in speaking to someone" and they were confident their concerns would be addressed.

The provider had systems in place for handling and managing complaints. The complaints records we looked at confirmed that these were investigated and responded to appropriately. Staff we spoke with were aware of the complaints procedure and knew how to respond appropriately to any concerns received. Records we looked at showed that comments, compliments and complaints were monitored and acted upon. Complaints were handled and responded to appropriately and any changes and learning implemented and recorded. For example, we saw that, following a concern raised by a relative, a person had

their care plan reviewed and their support guidelines amended to address the issue raised. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have.

The registered manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. They told us they also used satisfaction surveys to gather the views of people, their relatives and other stakeholders, regarding the quality of service provision.

Good

Is the service well-led?

Our findings

At our previous inspection we found the registered person did not ensure that an effective system or process was in place to assess, monitor and improve the quality and safety of the service. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this, we served warning notices against the registered manager and provider. The provider subsequently sent us their action plan telling us about the improvements they intended to make to address this. During this inspection we looked at whether or not those improvements had been met. We found the necessary improvements had been made in relation to quality monitoring system and therefore the service was no longer in breach.

Since the appointment of the registered manager there was now an effective management structure in place, in which staff felt confident. They talked to us about the positive changes and improvements made over recent months and the clear leadership and sense of direction that the new manager had provided. One member of staff told us, "It needed to be done! And with her manager's head on [Registered manager] has come in and said straight, 'This is what needs doing and this is how it's going to be done.' It's the strong management that this place needed."

Staff were aware of their roles and responsibilities and spoke of improved morale and a far more open and inclusive culture within the service, where they were encouraged to raise issues and question practice. They told us they felt supported and were able to approach the registered manager about any concerns or issues they had. They also said they were aware of the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

People and their relatives spoke positively about the registered manager and said they liked the way the service was now being run. One relative told us, "I'm impressed with [Registered manager], she knows what she is doing – and I have confidence in her." During our inspection we observed the registered manager was around and visible throughout the day. They appeared well known to people who seemed pleased to see her and we saw she would stop and chat to individuals, engaging in friendly conversation as she went round. Relatives said they felt generally well informed and said they thought communication with the staff and reregistered manager was satisfactory.

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were fully consulted and actively involved in contributing towards the development of the service. They understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. These included regular audits of the environment, health and safety, medicines management and care records. We saw these checks had helped the registered manager to focus on aspects of the service and drive through improvements following our last inspection. For example, the quality of care was being monitored and improved care records were being developed and implemented. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.