Anchor Trust

Maple Tree Court

Inspection report

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Staffordshire
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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We completed an unannounced inspection at Maple Tree Court on 19 April 2018. At the last inspection 18 July 2017, we found breaches in regulations because people were not treated in a safe, effective and dignified way. We also found that the service was not well led. The service was rated as Inadequate overall and was placed into special measures. We asked the provider to take action to make improvements. At this inspection we found that there had been improvements in these areas. However, further improvements were still needed to ensure that people received a good standard of care.

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.

Maple Tree Court 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.

Maple Tree Court accommodates up to 64 people across four separate units, each of which have separate adapted facilities. One unit is a residential unit supporting people who are able to be more independent. The other three units support people living with dementia. At the time of the inspection there were 36 people using the service.

There was not a manager who was registered with us at the time of the inspection. The recently appointed manager was in the process of completing their registration with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that improvements were needed to the way topical medicines were managed.

Improvements were needed to ensure risks to people's health and wellbeing were assessed and managed consistently.

The provider had systems in place to assess, monitor and improve the quality of care. However, improvements were needed to ensure that the all the systems were effective in identifying issues to enable these to be rectified.

There were enough suitability recruited and skilled staff to provide support to people. Staff had received training to carry out their role effectively.

People were protected from the risks of abuse because staff understood and had followed the provider's policy for recognising and reporting possible abuse.

People were protected from the risk of infection because the provider had policies and systems in place to control infection risks at the service.

People enjoyed the food provided and were supported with their nutritional needs. Action was taken to ensure people at high risk of malnutrition were supported effectively.

People's past lives, cultural and diverse needs were assessed and considered to enable individualised care that met all aspects of people's needs.

Systems were in place to ensure that people received the least restrictive care and treatment to keep them safe. Staff understood and followed the Mental Capacity Act 2005.

Advice was sought from health and social care professionals when people were unwell, which was followed by staff.

There were systems in place to ensure people received consistent care from staff within the service and also from staff from external agencies.

The environment promoted people's independence, safety and orientation.
People received support from staff that were kind and compassionate. People's dignity was respected and their right to privacy upheld. Staff supported people to make choice in their care in line with their individual communication needs.

People received care that met their individual preferences. People's care was reviewed and updated when needs changed.

People had the opportunity to be involved in social activities to ensure their social needs were met.

People and their relatives knew how to complain. Complaints received had been investigated and responded to in line with the provider's policy.

People's end of life wishes were taken into account to ensure people were supported in line with their preferences at this time of their life.

People, relatives and staff felt able to approach the manager and the feedback gained from people about their care had been acted on.

People, relatives and staff felt that improvements had been made since the last inspection which had impacted on the care people received. This showed that the provider was working towards improvements to the quality of the service provided.

The manager understood their responsibilities of their registration and worked in partnership with other agencies to make improvement to the way people received their care.

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.

Some improvements were needed to ensure that people received their topical medicines as prescribed. Improvements were needed to ensure people's risks were consistently planned and managed. Medicines were stored securely and safely. Staff were aware of their responsibilities to protect people from the risk of harm. There were enough suitably recruited staff available to meet people's needs. Infection control measures were in place to protect people from potential infection risks.

Is the service effective?

Good

The service was effective.

People enjoyed the food and were supported with their nutritional needs. People were supported to consent to their care and where systems were in place to ensure that decisions were made in people's best interests and in the least restrictive way. People received support from staff who were sufficiently trained. People's health was monitored and health professionals input was sought where needed. There were systems in place to ensure that people received consistent care from staff and external services. The environment was suitable to promote people's independence and safety.

Is the service caring?

Good

The service was caring.

People were supported to make choices in the way their care was provided. Staff were caring and kind and showed patience and compassion when they supported people. Staff treated people with privacy, dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were given the opportunity to be involved in interests and hobbies that were important to them.

People's preferences were taken into account for all aspects of their care. People's cultural and diverse needs were assessed and considered to enable individualised care provision. People's care was reviewed and updated to ensure they received care that met their changing needs.

There was a complaints procedure available for people and their relatives to access if required and complaints received were acted on to make improvements.

People's end of life wishes had been taken into account.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had implemented an improvement plan and had made improvements to the care people received. The provider had taken action to ensure that they were meeting the regulations as required. However, further improvements were required to ensure that all the systems that were in place were effective and imbedded into the service.

People, relatives and staff felt able to approach the management team and staff felt supported in their role. People and their relatives had been asked for feedback and the provider had been open about the improvements needed at the service.

The manager worked in partnership with other agencies to make improvements to the way people received their care. The provider understood their responsibilities of their registration.

Maple Tree Court

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 was 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 Thursday 19 April 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 to at least good. We found that improvements had been made to these areas and to the quality of care provided. However, further improvements were still needed to ensure that people received a consistently safe service and that the improvements made to the systems in place to monitor and manage the service were sustained.

We used the information we held about the service to formulate our planning tool. This included information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. We received information from local authority commissioners to gain their experiences of the service provided.

We spoke with eight people and five relatives. We also spoke with seven staff members, the deputy manager, the manager, the regional manager and the head of care services. We observed how staff supported people throughout the day and how staff interacted with people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We viewed five records about people's care and seven people's medicine records. We also viewed records that showed how the service was managed, which included quality assurance records, improvement plans and six staff recruitment and training records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we found that people's risks were not managed and mitigated to keep them safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made to meet the Regulation. However, some further improvements were required.

People's risks had not always been consistently assessed and managed. We saw good examples of risk management such as; people who were at risk of pressure damage had care plans and risk assessments in place which contained clear guidance clear information for staff to follow to protect people from harm. People who had been assessed as requiring specialist pressure cushions and chair sensors were seen with this equipment in place. However, we found that one person had a diagnosis of diabetes and there were no plans in place to ensure staff recognised a deterioration in their blood sugars and what action they needed to take to mitigate these risks. We spoke with staff who were unaware of this potential risk and what action they would need to take in the event if a drop in this person's blood sugars. We fed this back to the manager who acted immediately and implemented a care plan and risk assessment to ensure this person's diabetes risk was managed. This meant some improvements were needed to ensure people's risks were consistently planned and managed.

We found that the Medicine Administration Records (MARs) contained specific information about people's medicines such as frequency and dosage. We checked the MARs to ensure that people had received their medicines as prescribed. We found that oral medications had been signed for when administered. However, we found that some improvements were needed to ensure that staff recorded when people had been supported with their topical creams. We found that there were gaps in the recording of these medicines. For example; one person needed to have their cream administered twice a day. The Topical Medicine Administration Records (TMARs) we viewed showed that this person had not always received their topical creams as required. This person's records showed that they were at high risk of skin damage and needed their topical cream to ensure their skin remained intact. At the time of the inspection their skin was intact. However, this meant that this person was at risk of potential harm because they had not received their topical cream as prescribed. Another person's TMAR showed that they required topical creams to be applied 'as required'. The TMAR did not state where this person needed their cream applied and the frequency that this may be needed. This meant that improvements were needed to ensure that people received their medicines as prescribed and the records contained clear guidance for staff to follow.

We observed staff administering medicines to people who used the service in a dignified and caring way. For example; staff explained what the medicine was for and gave reassurance whilst they were supporting people with their medicines. We saw that there were protocols in place that gave staff guidance so they knew when to administer 'as required' medicines to people. Staff explained why people needed their 'as required' medicine and how they recognised when these medicines were required. Medicines were stored securely and systems were in place to ensure that temperatures of the medicine fridges were within the correct temperature range to store medicines safely.

We saw records of incidents that had occurred at the service. These included the actions taken to lower the risk of further incidents. The provider had reviewed incidents and we saw that the required actions had been taken to lower the risks of further occurrences. For example, one person had suffered falls at the service and their risk assessment had been reviewed. We saw that a sensor mat had been put in place to alert staff when this person was mobilising and hourly checks had been put in place to mitigate the risk of further incidents. This meant that the provider had analysed incidents and taken action to mitigate the risk of further occurrences.

At our last inspection, we found that there were not enough staff available to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made.

People told us they always received the support from staff when they needed it. One person said, "There are enough staff around and it makes me feel safe knowing they are about". A relative we spoke with told us they visited regularly and there were always enough staff available for people. We saw people were supported by staff in a timely manner throughout the inspection. Staff we spoke with felt that there had been improvements in the staffing levels and there were enough staff available. One member of staff said, "Staffing levels are a lot better now. I think there is enough staff and we get to spend time with people more now". The provider had a system in place to assess the staffing levels against the dependency needs of people. We saw that changes had been made to staffing levels when needed, which ensured there were enough staff available to keep people safe. This meant that people received care and support when they needed it because there were enough staff available.
We saw that the provider had a recruitment policy in place and checks were carried out on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service.

At our last inspection, we found that staff were not always aware of their responsibilities to report and act on abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made.

People told us they felt safe when being supported by staff. One person said, "Everything they [staff] do makes me feel safe". Another person said, "I feel safe when I have a bath, which I prefer to having a shower. Staff keep an eye on me because I can go faint". Relatives we spoke with were happy with the way their relative was treated and felt assured that they were safe. One relative said, "I am 100% confident that my relative is safe it is very reassuring for me. All the staff treat my relative well". We saw that people were happy and appeared comfortable when staff provided support. Staff explained their actions if they were concerned that a person was at risk of harm and the possible signs that people may display if they were unhappy and where abuse may be suspected. The provider and newly appointed manager understood their responsibilities to report alleged abuse and we saw referrals had been made to the local authority where there had been concerns identified. This meant that people were protected from the risk of harm because staff understood how to safeguard people from abuse.

People and relatives told us that the service was always clean. One person said, "It is a lovely place and always kept nice and clean by the staff". A relative said, "The home is always lovely and clean. I have never experienced any issues with the cleanliness". We saw that the environment and equipment were all clean and there was a cleaning schedule in place. We saw domestic staff cleaning all areas of the service throughout the inspection. The manager showed us how they assessed infection control risks and the audit system in place to ensure that they prevented the risks of cross contamination. This meant people were protected from the risk of infection and cross contamination.

People, relatives and staff told us that improvements had been made since the last inspection. People, relatives and staff felt involved in the service and said they felt the management were approachable and acted on issues if things went wrong. We found the provider had acted on feedback received at our last inspection and systems were in place to learn when issues had been identified. For example; the provider had been open and transparent with people about the issues within the service and had held meetings to listen to people's thoughts on the planned improvements. This meant action had been taken to make improvements to the service and lessons had been learnt when things had gone wrong.

Good

Is the service effective?

Our findings

At our last inspection, we found staff did not have sufficient knowledge and skills to support people effectively. This was an additional breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made.

People and relative told us they felt that staff were well trained well. One relative said, "I think the staff have a good understand of my relative's needs and have the training they need". Staff told us that they had undertaken refresher training to help them carry out their role effectively. One staff member said, "We have had a lot of training and it has been really useful. It has helped me understand people better and the best way to support people". We found that staff knowledge of the Mental Capacity Act 2005 had improved and staff understood their responsibilities to protect and report suspected abuse. We observed people being supported to move safely and in line with manual handling techniques. This meant people were supported by suitably skilled and trained staff.

At our last inspection, we found that people were at risk of unlawful restrictions because Deprivation of Liberty Safeguards (DoLS) had not always been followed in line with the Mental Capacity Act 2005. This was an additional breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made.

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 saw referrals had been made for Deprivation of Liberty Safeguards (DoLS), where people had restrictions in place to keep them safe. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of the restrictions in place and we saw staff support people to keep them safe from harm in line with their individual DoLS. This meant that people were supported in the least restrictive way and in line with the MCA.

People who were able to understand decisions about their care told us their consent was gained by staff before they provided support. One person said, "Staff always ask what I want and they listen to my opinions too". We observed staff asked people if they could provide support and gave people time to respond to questions they asked about how they preferred their care to be provided. Some people were unable to understand some decisions about their care and we checked that the provider was meeting their responsibilities under the Mental Capacity Act 2005.

We saw mental capacity assessments had been carried out when people lacked capacity, which contained details of how staff needed to support people to make specific decisions in their best interests. Staff we spoke with understood their responsibilities under the MCA and what it meant for people they supported. This meant consent was gained from people where people had the ability and the provider acted in accordance with principles of the MCA where people lacked the capacity to make informed decisions.

People told us they enjoyed the food at mealtimes. One person said, "The food is excellent". Another person said, "The food is marvellous. There is always plenty and you never go hungry". A relative told us that the staff had been inventive with the way food was presented to their relative, which had helped them to eat and the person had put on weight as a result of this. We saw plans were in place that detailed the individual support people needed to ensure their nutritional needs were met. For example, people who had been assessed as a high risk of malnutrition had a support plan in place that detailed the actions required by staff. We saw that these people were encouraged and assisted throughout mealtimes as stated in their plans of care. Staff completed food and fluid intake charts to monitor the amount that people ate and drank which ensured people received sufficient amounts to meet their nutritional needs to keep them healthy.

People told us they were able to see health professionals when they needed to. One person said, "I would tell a member of staff if I felt unwell and they arrange for me to see a doctor. I have also had sight tests and the chiropodist visits me to tend to my feet". The records we viewed showed that people had accessed health professionals such as; dieticians, opticians, chiropodists and consultants. We also saw that guidance was sought from health professionals and this had been acted upon so that people were supported to maintain their health and wellbeing. For example, one person was at risk of their skin breaking down and we saw that advice had been received from the district nurse. Another person had been referred to the physiotherapist after they had fallen to ensure that this person had the necessary equipment to keep them safe. This meant that people were supported to access health professionals to maintain their health and wellbeing and advice sought was followed by staff.

Staff told us that they attended a handover session at the beginning of each shift, which ensured that they were able to provide a safe and consistent level of care to people. The handovers ensured that any risks were highlighted and any changes in people's needs. Staff also told us that they had staff meetings and supervision sessions where they could raise any concerns or make suggestions about improvements to people's care. We saw that the manager liaised with external services and there were plans in place to ensure that people received a consistent level of care if they needed to transfer between services such as ; hospital admissions. This showed that the service ensured that people received consistent care within the service and across other services.

People's needs were met by the adaptation and decoration of the service. We saw that the corridors of the service aided people's mobility as they were large and spacious with no trip hazards, which meant people's risk of falling was lowered. We found that there were adapted facilities available which included bathrooms with equipment to ensure people were supported safely when bathing. There were private spaces on each unit which people could access if they wanted some time in a quiet environment or to use when relatives visited. There were old pictures placed on the walls of the service of people when they were younger to aid conversations with staff.

Good

Is the service caring?

Our findings

At our last inspection, we found that people were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made.

People told us that they were treated with dignity and respect when they were being supported by staff. One person said, "Staff are always very respectful". We saw that staff spoke with people in a way that respected their dignity, for example; staff were discreet when asking people what they needed help with. People were supported with personal care in privacy and were able to access private bedrooms and quite areas when they wanted some time alone. Staff we spoke with were aware of the importance of dignity and were able to explain how they supported people to feel dignified. We saw that the noticeboard contained details of the dignity in care champions and information for people and staff to read about the importance of dignity in care. This meant that people were treated with dignity and their right to privacy was upheld.

People told us that they were given choices in how and when their care was carried out. One person said, "I can choose lots of different things such as my meals, when I get up, what I want to do. The staff always listen to me and respect what I want". Another person said, "I am quite able to make my own decisions and the listen to what I say". We saw that people were given choices throughout the day by staff who were patient and listened to what people wanted. We heard staff asking people in a way that promoted their understanding and repeated questions if people hadn't heard or understood the question. People responded well to the way staff interacted and staff had a good understanding of people's individual ways of communicating their needs. For example; we saw a member of staff ask a person what they wanted to eat and this person was unable to answer as they were struggling to hear what was said. The staff member recognised this and wrote down the choices for this person. This enabled the person to make a choice about the meal they wanted. This meant that people were supported to makes choices in a way that met their communication needs.

People told us that the staff were kind and caring towards them. One person said, "I am looked after very well indeed. All the staff are lovely". Relatives we spoke with also told us that staff showed compassion towards their relatives. A relative said, "The care staff are really caring and genuine. I am confident my relative is cared for, which is very reassuring". Another relative said, "The staff are lovely they are always asking how my relative is and they find this very reassuring, as do we". We observed staff interaction with people and found that staff were caring and compassionate when they provided support. For example; one person was supported by staff to move by the use of a hoist. Staff constantly gave this person reassurance. This person was smiling and chatting with staff and looked comfortable during the transfer. Throughout the two days of the inspection we saw staff were given time to provide caring support for people which included chatting and having a laugh with people. We saw that the manager, regional manager and the head of care all speak with people when they arrived at the service, asked how people were and people knew the management well. The management team showed care and compassion when speaking with people.

Good

Is the service responsive?

Our findings

People told us that they participated in activities such as; drawing, manicures, painting, quizzes and external entertainment such as singers. One person told us that they were partially sighted and they were able to access talking books and newspapers which they enjoyed. The person told us that this promoted their independence and they felt that they were able to keep in touch with "the outside world". During the inspection we saw there were various activities on offer and people were given the choice if they wanted to be involved. Some people opted to sit quietly and read the paper and other people enjoyed manicures and painting. The activities were a social event with staff being involved, talking with people about various topics and giving people their time. We saw that staff had time to spend with people on a one to one basis and enjoyed chatting to people about their past life history. One staff member said, "It is much better now we have time to spend with people, care was very rushed before and now we can sit with people and really get to know them well" This meant that people's individual social wellbeing needs were met.

The manager had recently implemented a 'the tree of life' in the reception area of the service. Staff explained that people were asked what their wishes were and these were written down and placed on the tree. We saw that two people's wishes had been met. One person was a loyal fan of the local football team and staff supported this person to send a letter to their football team. This person had received a personalised card from the team and football cards of players past and present. We spoke with this person who was happy and was observed throughout the day looking at the cards and talking with staff about these. Another person had told staff that they loved cats, which they had enjoyed throughout their life. The person told staff they wished they could have cat but would be unable to look after a cat anymore. On the day of the inspection a presentation was made to this person of companion cat that was for people with dementia. This person was very happy with their cat and we saw this person sitting stroking the cat and they said, "Its lovely isn't it? I do love it and don't know what I have done to deserve this. I am very happy". The manager told us that they would be looking at all the wishes on the tree and ensuring that all people's wishes were granted. This meant that the manager had looked an innovative ways to ensure that people's wishes were met.

People and relatives told us and care records showed that they were involved in the assessment and planning of their care. One relative said, "I was involved in my relative's care needs. They have asked more questions since the last inspection to make sure they know my relative well". Another relative said, "The staff know my relative's likes and dislikes. They even make sure they have the bubble bath that they like". We saw care plans contained individualised accounts of the person's needs and how staff needed to provide support in a way that suited the person. Staff knew people well and were able to explain how people preferred their care to be provided which included people's likes and dislikes and people's life history. This included information about people's diverse which were assessed before they started to use the service. We saw that information had been gained from the person and their relatives about their past cultural, religious and sexual orientation preferences. One person told us that their religion was important to them and they were supported to speak with the local vicar who visited the service regularly. Staff we spoke with understood that this was an important part of this person's life and ensured that they informed this person when the vicar was at the service. This meant that people received care that met their preferences.

People's care was regularly reviewed and relatives told us that they were kept up to date with any changes in their relative's care needs. One relative said, "I am always kept informed of any changes to my relatives needs and the communication is very much improved". The records we viewed showed that monthly reviews were undertaken and people's care was also reviewed after there had been an incident/accident. For example; where people had suffered a number of falls we saw that action was taken to identify how this person needed to supported to maintain their safety. We saw that risk assessments and care plan had been updated to include specific guidance for staff to follow to keep the person safe. This meant that people's care needs were regularly reviewed to ensure action was taken when their needs changed.

People and their relatives told us they knew how to complain if they needed to and their complaint had been acted upon to make improvements. One person said, "I am not afraid of speaking up if I need to. They don't mind me speaking up and it never makes me feel vulnerable because I am listened to and changes are made. A relative said, "I feel confident to raise any concerns. Complaints are always raised at the resident/relative meetings". The provider had a complaints policy in place and we saw there was a system in place to log any complaints received. When a complaint had been made to the service we saw that an acknowledgement of the complaint had been sent to the complainant, and after a full investigation had been completed a response was forwarded to the complainant. This included the actions taken to make improvements where required. This meant that the provider had a complaints system in place that people and relatives understood and were able to access to make improvements to the service provided.

At the time of the inspection the service was not providing end of life care. We saw that information regarding people's wishes had been obtained during the assessment of their needs and a plan had been formulated called 'Thinking ahead'. The information contained details about the person's wishes in relation to involvement of family members, specific religious needs, where the person wished to be cared for at the end of their life and their funeral arrangements. This meant that the provider had gained information about people's end of life wishes to ensure that care was provided in line with their preferences.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we found the provider did not have effective systems in place to manage and monitor the quality of the service to mitigate risks to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made to meet the Regulations. However some further improvements were needed.

We saw that systems were in place to monitor the quality of the service and to mitigate risks to people. However, some of the systems in place were not always effective. Care plan audits and reviews that had been carried out had not identified that records were not always up to date. For example; one person's diabetes needs were not detailed in their records, staff we spoke with were fully aware of how to manage this person's diabetes risks. We saw that the care plan audits had not picked up this concern and there was a risk that this person may receive inconsistent and inappropriate support. We found that errors in recording on people's topical medicines had not been identified through reviews or care plan audits, which meant the manager was unable to rectify these issues to ensure people were receiving their prescribed topical medicines as prescribed. We fed these issues back to the manager who told us that they would ensure these issues were rectified immediately and we will assess this at our next inspection. This meant that further improvements were needed to ensure all the systems in place to monitor the service were effective in identifying concerns.

People and their relative's told us that the manager was approachable and improvements had been made to the quality of the service. One person said, "Things have improved here. It is very good now. The manager is very nice and I could approach them at any time". One relative said, "[Manager's name] is approachable and helpful. The regional manager has implemented a lot of the systems and they have been exceptional in making improvements in the home". We saw that people and their relatives were involved in decision making during the resident/relative meetings. The minutes of the meetings we viewed showed that the areas of improvements had been discussed, discussions around food, encouraging community relationships and complaints. People's opinions of the meals provided were gathered at the end of each meal to ensure that any issues were fed back to the kitchen and people's preferences were met. This meant that action had been taken to ensure that feedback was gained from people and their relatives to inform service delivery.

Staff we spoke with told us that there had been improvements in the service and the manager and deputy managers were supportive and approachable. One member of staff said, "I can see the improvements at the service we have all worked hard to ensure people receive a good quality of care. The staffing levels are so much better and this means we are available for people". Another member of staff said, "It has improved a lot. I fell more confident in raising any issues with the management team. I believe people get good care and I would recommend the home to my family". Staff also told us that the regional manager and head of care services were supportive and they had been an integral part of the improvements made at the service. Staff explained that after our last inspection they received a lot of support from both the regional manager and head of care and they had raised staff morale and were always approachable and supportive with staff. This meant that improvements had been made to the way the service was managed and staff felt supported in

their role.

We saw that there had been improvements made in line with the improvement plan. For example; where areas of concern had been identified professionals were contacted to ensure that people maintained their health and wellbeing and their risks were mitigated. We saw that the management team had a clear oversight of the service provided and were regularly available at the service to ensure that improvements were being made. The head of care services undertook an audit of the service to ensure that the manager was carrying out their role as required in line with the improvement plan. This showed that the provider and manager were working towards ensuring people had an improved quality of care.

The provider understood their responsibilities of their registration with us (CQC). We saw that the rating of the last inspection was on display in the home for people and relative's to read. We had received notifications of incidents that had occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The meant there was a culture of openness and transparency within the service.

We saw that the manager had contact with other agencies on a regular basis. This included health professionals such as G.P's, hospital staff and consultants. We saw that the manager facilitated visits from other professionals in private areas of the home to ensure that people's information was confidential and their privacy was respected. The manager had started to implement good links within the community which included the neighbouring school who had been responsible for painting a mural on the wall in the service. Other plans to build links with the community included local partnership working with the local council and forging links with the local carnival and museum groups to ensure people who live at the home are able to contribute and become involved in local community events. This meant that the manager worked in partnership with agencies and plans were in place to forge relationships with the local community.