

Priory Grange Care Home Limited

# Priory Grange Care Home Limited

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

This inspection of Priory Grange Care Home Limited took place on 11 and 15 January 2018 and was unannounced.

Priory Grange Care Home Limited 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.

Priory Grange Care Home Limited accommodates 41 people in one adapted building. It is in a residential area of the city of Hull. It is a two storey building with en-suite bedrooms and communal lounges, dining rooms and bathrooms on both floors. A small enclosed garden to the rear of the property is accessible to people via a ramp.

At the last comprehensive inspection in November 2016 the service was in breach of Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection the service was rated 'Requires Improvement'. These breaches in regulations were with regard to person-centred care, safe care and treatment and good governance.

In respect of regulation 9, care plans contained insufficient detail on people's mental health, personal care, pressure relief and nutrition. For regulation 12, risks were not managed in respect of medicines, as we found that people's pain relief patches had not been given at the right time, medicine stock controls were ineffective, there were no protocols for 'as required' medicines and records kept on medicines were poor. Risks were not managed in respect of infection control as we found that hand-washing and clinical waste facilities were poor, commodes were dirty, laundry flow was ineffective, toiletries were poorly stored and equipment and furniture was dirty. Risk assessment documentation was insufficiently detailed. In respect of regulation 17, audits had failed to identify the issues found on inspection and so were ineffective.

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 service delivery so that the regulations were met.

At this inspection in January 2018 we rated the service as 'Good'.

We found improvements were made with the service in that care plans had been re-written, care was provided according to people's assessed needs and risks, the management of risk was improved and audits were more effectively used to identify shortfalls in service delivery. Therefore the provider was no longer in breach of regulations 9, 12 and 17. However, we found that the service was without a registered manager.

The provider was required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 time of the inspection the registered manager had just left their employment with the provider following a mutual understanding and agreement. An acting manager (who we have referred to as the manager throughout this report) was covering the vacancy, though they had taken a position as deputy manager just three months before this. A team leader was acting as the deputy manager and together they were the management team. The provider discussed the situation with us and explained that the manager would be submitting an application to register and the registered manager would be submitting an application to de-register. The provider had sent a notification to the Care Quality Commission about the registered manager's absence. They told us they would send another because the registered manager had now left their position. However, because there was no registered manager in post the Well-led section cannot be rated better than 'requires improvement'.

People were protected from harm because monitoring systems were in place and staff were appropriately trained in safeguarding adults from abuse. The premises were safely maintained and accidents and incidents were appropriately managed. Equipment was safely used in the service. Recruitment practices were followed to ensure staff were 'suitable' to care for and support vulnerable people. Staffing numbers were sufficient to meet people's needs. The manager used lessons learnt to put systems into place that guarded against similar mistakes being made.

Staff were appropriately trained, regularly supervised and received annual appraisals of their personal performance. Staff respected the diversity that people presented and met their individual needs. People's nutrition and hydration needs were met to support their health and wellbeing. Staff worked collaboratively with other health and social care professionals. Staff supported people with their health care needs. The premises were suitably designed for and the environment was 'friendly towards' those people living with dementia. People's mental capacity was appropriately assessed and their rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was sought and respected.

People received compassionate care from kind staff that knew their needs and preferences. People were involved in their care and the right to express their views was respected. The management team set good examples to the staff team with regard to attitude and approach, which provided staff with good role models. People's wellbeing, privacy, dignity and independence were monitored and respected.

There were opportunities to engage in pastimes, activities and maintain family connections. Communication needs were assessed and met. An effective complaint procedure ensured complaints were investigated without bias. Needs with regard to end of life preferences, wishes and care were sensitively met.

Quality assurance systems were effective in that satisfaction surveys, audits, meetings and handovers ensured there was effective monitoring of service delivery, but improvements made to the service were not fed back to people, relatives and professionals. We advise that this is good practice.

Culture was open, friendly and collaborative. The manager understood their responsibilities with regard to good management and practiced a management style that was open, inclusive and approachable. The manager was committed to continuous learning around best practice and was keen to learn about and implement best practice. Good partnerships with other agencies and organisations were fostered. The manager was determined to continue with the improvements needed that they had identified.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Risks around the management of medicines and infection control were safely managed. Other risks were also managed so that people avoided harm wherever possible.

People were safeguarded because systems detected and monitored concerns around abuse and these were reported to the appropriate authorities.

The premises and recruitment practices were safe and staffing numbers were sufficient to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff had qualifications and were trained and competent to carry out their roles. Staff were regularly supervised and received appraisal of their performance. People's diversity was respected.

Health care and nutritional needs were effectively supported. Staff worked collaboratively with other professionals. People were encouraged to make choices.

The premises were suitable for older people and those living with dementia. People's mental capacity was appropriately assessed and people's rights were protected.

### Is the service caring?

Good ●

The service was caring.

The staff were helpful, kind and considerate. People's rights were respected and they were involved in all aspects of their care.

The attitude and approach of the manager, acting deputy manager and staff was friendly and supportive. Wellbeing, privacy, dignity and independence were monitored and respected.

### Is the service responsive?

Good ●

The service was responsive.

Person-centred care plans were followed and regularly reviewed. Opportunities to engage in pastimes and activities were available.

Communication needs were assessed and met where possible. Complaints were investigated without bias.

Staff sensitively managed end of life preferences, requests and needs.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was no registered manager in post and although an effective quality assurance system was used to improve service delivery, feedback was not given to people.

The culture and the management style within the service were both positive. The manager understood their responsibilities and was committed to continuous learning.

Relationships with other organisations and bodies were based on mutual respect in order to provide the best possible care for people.

# Priory Grange Care Home Limited

## **Detailed findings**

### Background to this inspection

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

This inspection of Priory Grange Care Home Limited took place on 11 and 15 January 2018 and was unannounced. One inspector carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also received feedback from local authorities that contracted services with Priory Grange Care Home Limited and reviewed information from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eleven people that used the service and two relatives. We spoke with the provider, the manager, acting deputy and four staff that worked at Priory Grange Care Home Limited. We looked at care files belonging to four people that used the service and at recruitment files and training records for four staff. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We completed these observations using our Short Observational Framework for Inspection (SOFI). This is a means of gathering information about people's experiences of care; people who we are unable to verbally communicate with. We looked around

the premises and saw communal areas and people's bedrooms, after asking their permission to do so.



# Is the service safe?

## Our findings

At the last inspection the provider was in breach of regulation 12 because they had failed to mitigate risks regarding medicines and infection control and implement appropriate risk assessments. Pain relief patches were not given at the right time, stock controls were ineffective, 'as required' medicine protocols were missing and records were poorly maintained. Infection control measures were ineffective in respect of safe storage of clinical waste, hand-washing facilities in bedrooms, laundry flow, storage of toiletries and cleanliness of equipment and furniture. Risk assessment documents contained insufficient detail.

At this inspection we found there were improvements regarding risk management of medicines and infection control. Risk assessments documents were detailed.

We reviewed the medicine systems and found that sample checks on stock controls (particularly with controlled drugs) showed they were accurately maintained and pain relief patches were given at the right times. Protocols were in place and medication administration records (MARs) were accurately completed. When one person sometimes refused medicines this was recorded on their MARs with the reasons why. The person had capacity and understood the consequences. Unused medicines were safely returned to the dispensing pharmacy and the temperature of the medicine room was monitored to ensure it was cool enough to store tablets and creams safely. A medicines review was carried out in November 2017 by City Healthcare Partnership, who provide community health and integrated social care services to people in the Hull area. The report for this review showed that improvements had been made to systems and practice. Some minor recommendations were made at the time, which the manager said had been met.

We found that hand washing signs were posted by wash basins, personal protective equipment, liquid soap and paper towels were available in bedrooms, clinical waste was secured, laundry was well organised, toiletries were only stored in people's bedrooms and the premises were in a clean condition in both communal and private areas. However, we found general waste bins without lids in two bathrooms, which we pointed out to staff and these were removed. The manager stated they would purchase new bins.

The risk assessment documents we saw in people's care files contained appropriate detail to ensure risks to people were mitigated. There was one risk assessment document in each person's file that covered several areas of risk: medical issues, pressure care, mobility, use of stairs, memory, diet, smoking, night time safety, independence and personal care. People also had separate risk assessment documents for falls, pressure care and nutrition, which had been set up since the last inspection. These stated the separate levels of risk for people in terms of 'high, medium and low' risk and documented the action to take to remove those risks.

The provider was no longer in breach of regulation 12 with regard to medicines, infection control and risk assessment documents.

People told us they felt safe living at Priory Grange Care Home Limited and that staff protected them from harm. People said, "I'm so glad that I am here, where I am safe. I had a serious fall when I was at home" and "I am just fine here, as the staff keep an eye on me." Relatives said, "I am happy my [family member] is safe

now, because when they were at home they were at risk" and "I know [family member] is safe from harm here."

Systems to manage safeguarding incidents were followed and staff were trained in safeguarding people from abuse. Staff demonstrated their knowledge of safeguarding responsibilities and knew how to refer suspected or actual incidents to the local authority safeguarding team. Safeguarding records held in respect of handling incidents and the referrals that had been made to the local authority evidenced how issues were addressed.

Formal notifications were sent to us regarding all incidents, which meant the registered provider was meeting the requirements of their registration. People had personal safety documentation to evacuate them individually from the building in an emergency or in case of fire. Maintenance safety certificates were in place for utilities and these were all up-to-date. Contracts of maintenance were renewed to ensure the premises were regularly maintained. Windows had opening restrictors for safety and the front entrance was secured with a keypad lock, which were overridden when the fire alarms activated.

Unfortunately an electrical power cut took place in the local area very early on the first visit day of the inspection and the service was without electricity. The emergency battery power was activated. People's general safety was maintained throughout, as staff followed their contingency plans. Everyone in the service was kept informed about the situation and staff carried out constant rounds of bedrooms and lounges. One person with mobility needs was regularly monitored and then encouraged to get up early so they could have breakfast, which they usually chose to have in bed. Staff reverted to normal support for people once the power cut ended.

Staff safely used equipment to assist people to move or transfer and kept people informed at each step of the operation. People were used to being hoisted and had risk assessments in place to ensure safe handling. Bed safety rails were also used according to risk assessments. All mobility aids were contracted for regular maintenance and we saw these were also up-to-date.

Recruitment procedures ensured staff were suitable for the job. Staff files contained consistent documentation for the vetting and screening of candidates, which included job applications, references and Disclosure and Barring Service (DBS) checks. A DBS check is a legal requirement for anyone applying to work with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions. We also evidenced that staff provided proof of their identities, attended interviews and received correspondence about their job applications.

People and their relatives told us they thought there were enough staff to support people with their needs. We saw rosters for the service and saw there were enough staff for the service to run. One person said, "Staff are busy but they always smile and always answer the call bells. They are a lovely bunch of lasses." A relative told us, "[Name] is well cared for and staff always keep me informed about things. Staff are always busy, but very friendly." Staff told us they worked flexibly, covered shifts when necessary and found they had sufficient time to carry out their responsibilities to meet people's needs. Rosters showed those on duty and were kept up-to-date with changes.

Accidents and incidents were appropriately recorded and monitored for trends and to reduce further issues occurring. People were referred to the local authority 'falls team' and advice was sought from appropriate health care professionals when necessary.

# Is the service effective?

## Our findings

People told us staff were skilled in supporting them. Care and treatment with regard to personal support, nutrition and hydration, health, individual needs and seeking consent were all effectively managed by the service. Food was to people's liking and choices and preferences were respected.

People said, "Staff know what to do in every situation", "The girls are trained to care for us" and "I know staff have to do training as part of their job." Relatives told us, "I think the staff know what needs doing" and "The girls seem to know their job and look after people well."

We were told that staff were appropriately trained and experienced to carry out their roles and the provider ensured training was up-to-date by implementing a recorded monitoring system. Some staff training was evidenced in their personal files and from speaking to them. They explained that training was either on-line or by attendance on external courses. Training records sent to us following the inspection site visit showed that staff had completed different qualifications, including NVQ Level 2, 3 and 4. Other recorded information showed that for care and senior care staff combined the completion rate for most course disciplines was running at above 80%. There were two exceptions, infection control and health and safety, which had completion rates of 55% and 66%. The record showed when these training updates were due for individual staff in 2018. Training was being monitored and refreshed when required.

People's nutritional needs were met by a cook who prepared most meals from 'scratch' and offered a choice of alternatives, which were featured in a picture menu book so that people could visually see the meals available. Speech and language therapy support and advice was sourced for anyone who had problems swallowing or had a poor appetite. Nutritional risk assessments ensured people were given foods appropriate to their medical conditions and need to gain or lose weight, for example, soft and fork-mashed diets, low fat, sugar or salt.

While we saw that the service displayed the highest food hygiene rating from the environmental health department, an inspection by the environmental health department the day before our inspection resulted in this being reduced by two points. The manager told us that the official rating documentation had not yet been received, but they had already addressed the recommendations made for catering staff to stay out of people's bedrooms, meals to be served to people on the ground floor from the bain-marie and disposable cloths not to be washed for re-use.

People said, "The food is very good", "I don't always like everything on offer, but manage to eat most things" and "I'm pretty happy with the food." Relatives told us, "My [family member] eats well, but I always make sure they take on extra fluid when I visit, as I know they refuse drinks on account of needing the loo" and "I think people get a good choice of food. What I have seen has always been satisfactory."

We observed staff working in collaboration with each other at shift handover and with visiting healthcare professionals, to deliver effective care to people. We discussed with staff the detailed information on people's needs in the handover book and they agreed to amend their practice so that the record only

contained high level information and made reference to look in individual diary notes. People had their own annual diary for recording the support they were given with their needs.

Staff told us they consulted people and their relatives about medical conditions and confirmed they liaised closely with healthcare professionals. Information was collated and reviewed with changes in people's conditions, shared in handovers and amended in care plans. Staff told us that people saw their doctor and other health care professionals on request. Health care records held in people's files confirmed this. They contained guidance on how to manage people's health care and recorded the outcome of consultations.

People told us they were supported effectively to access areas of the service when they wished, using equipment and mobility aids. Our observations evidenced this too, for example, we saw two people assisted from the lounge to the bathroom with use of a hoist just before lunch time. Others were observed being supported with walking frames and wheelchairs so that they were able to move around the service. A relative said, "Staff seem to know what they are doing and use equipment well."

The premises were suitable for people living with dementia, as they could move freely between areas, had level access all through (with a ramp to the garden courtyard), had plain décor and floor covering and there was some signage to orientate people to bathrooms and their en-suite toilets.

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 interest' 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). The manager used the MCA and DoLS legislation appropriately and ensured 'best interest' decisions were accessed for those without capacity, in order to protect their rights.

Staff understood about seeking people's consent and while they did seek consent from everyone they sometimes rushed in with the support where they knew people had less capacity, delayed their responses or would find it difficult to make a decision. For example, when helping people to have clean hands before lunch staff were already using wipes on some people as the consent was being sought. This was discussed with staff and the manager. Staff explained they had a lot of tasks to carry out but acknowledged they needed to give people more time to make decisions.

## Is the service caring?

### Our findings

People told us they got on well with staff and each other. They said about staff, "They are absolutely lovely – every one of them. They live up to the name of carer" and "They treat me nicely." Relatives told us, "Staff are very kind" and "Staff are caring people."

The management team and staff demonstrated that the service was caring and people's privacy, dignity and independence respected.

Staff had a professional manner when they approached people, knew about people's needs and preferences and were helpful when they offered support. Staff showed understanding of people's feelings and emotions and offered kind words and practical solutions to put them at ease. Staff were considerate when they were unable to determine people's wishes and offered different advice and support to establish which would be most suitable to help people achieve their goals.

The manager had recently set up a 'resident of the day' scheme whereby each person in turn was pampered for the day, offered a special meal of their choice, given one-to-one time with the activities coordinator and encouraged out of their bedroom so that it could be given a deep clean and a thorough maintenance safety check. The staff team collaborated in this and while the activities coordinator spent time chatting, reading, painting nails, playing cards or games with the person, the housekeepers thoroughly cleaned their bedroom. The cook asked what they wanted for the main meal of the day and ensured this was purchased if not already available and the handyperson looked for any unreported maintenance jobs and made routine checks. Each person was made to feel 'extra' special for a day on a rotating basis, but this had only taken place so far for a few people without capacity and so there were no comments expressed to us about it.

We observed people making choices and decisions and these were respected. People expressed their views to one another, relatives and the staff. For example, people in the lounge receiving visitors discussed their views together and made their preferences known about food, holidays and animals, as a visitor had brought their dog to the home and chatted to several people. Staff respected people's right to life and encouraged participation in daily living in the service, for example, having a say on food provided, when meals were taken, the times people got up or retired to bed and any activities they joined in with.

We understood that people using the service and staff with particular diverse needs on religion, culture, gender, sexual orientation, age and disability were treated with equality and experienced no discrimination. For example, people's religions were respected and they received clerical visitors in relation to these. People living with dementia or a physical disability were given equal opportunity to engage in activities and outings.

Staff spoke about and gave examples of how they respected people's privacy and dignity. These included ensuring people were covered up when providing personal care, knocking on bedroom doors, closing curtains and bathroom doors and addressing people how they chose to be addressed. They also included examples of how people's diverse needs regarding religion and disability, for example, were met while

maintaining privacy and dignity. Staff maintained confidentiality of information and only discussed people's personal issues on a need to know basis.

People said, "I have no worries when it comes to help with personal care or the information staff get to know, as they are discreet" and "My dignity is always kept intact." Relatives told us, "My [family member] is treated respectfully and any personal care is managed in private" and "Dignity is upheld. There's no doubt about it."

## Is the service responsive?

### Our findings

At the last inspection the provider was in breach of regulation 9 with regard to care planning and monitoring of people's needs. There was insufficient evidence to show that people received the care and support they required. Care plans read like assessments rather than plans for action and important information was missing. Monitoring charts did not evidence that people received appropriate fluid and nutrition.

At this inspection we found that care plans had been reviewed and rewritten and there was improvement in the evidence to show the support people received. People's care was provided according to their assessed needs and risks and a person-centred care plan, which reflected their wishes, was produced as a result of these. People were involved in this and had signed documents when able to. Their participation was encouraged in planning and receiving care, developing the service by saying what they wanted routines to be and in maintaining relationships.

Those at risk of malnutrition or de-hydration had nutritional intake charts in place and their weights were carefully monitored. Documents contained improved detail. Those who required support with mobility were assisted to use mobility aids and help from an occupational therapist was accessed as necessary. Instructions in people's care plans were clear and relevant to their wishes and preferences. The action for staff to take to meet needs was clearly recorded.

Care plans included details required by legislation and regulation and were of a good standard to inform staff on how best to meet people's needs. Care file contents included risk and needs assessments, care plans, consent forms, specific declarations/requests, for example, no hospitalisation following a seizure and decline to be hoisted. There was information and records on health care, allergies and professionals' visits, monitoring charts and emergency evacuation plans.

The provider was no longer in breach of regulation 9 with regard to care plans and monitoring charts and evidenced that needs were being met.

People told us they felt their needs were being appropriately met. They said, "Staff are a Godsend. They really helped me when I came here as I was so ill" and "Staff are worth their weight in gold." A relative told us staff did their best to attend to people when they needed it, but also said, "I just wish they could answer the bell a little quicker for my [family member] as they often take an anti-biotic, that upsets their tummy." Staff were aware of this and told us they responded as soon as they could.

The provider had a complaint policy and procedure in place. Records held on complaints showed that they were handled within timescales. The details we received in the provider information return showed that five complaints were made about slow answering of call bells, not ensuring people were presentable after meals and waiting to be hoisted from bed. There were explanations or rationale for these omissions and people's complaints were satisfied by the action taken to resolve them. Fourteen compliments were made to the service and recorded in the form of 'thank you' letters and cards.

Staff were aware of the complaint procedure and told us they tried to resolve issues at the point of referral. Records showed that complaints were appropriately addressed throughout the year and complainants had been given written details of explanations and solutions following investigation. A complaint log showed how issues had been analysed to avoid repetition and there were strategies put in place to ensure problems did not reoccur.

Activities were provided for people by the activities coordinator, either in-house or sometimes in the community. People and staff said that entertainment involved visiting singers, cinema nights and bingo, while pastimes included manicures, quizzes and reminiscence sessions.

We saw that people used their bedrooms far more than the lounges throughout the day and rarely congregated together to socialise. This observation was made and raised at the last inspection, but as back then, we were told that staff fully respected people's views and preferences, so people did as they chose to. Some people ate and kept their own company in their bedrooms and maintained a presence there. There was a view among people that the service was 'hotel-like' and so much of what they needed was brought to them. Others who used the lounges stayed there for meals.

We discussed with the manager the Accessible Information Standard and communicating information to people with specific communication needs. They told us they had facilities for large print documents and we saw pictorial format information available with regard to food choices. They said they would ensure translations into other languages where necessary and could support people to acquire aids and adaptations for loss of hearing or sight. At the time of the inspection people were being given the information they required without use of any specific intervention. One person without speech, but with capacity, had their own way of telling staff their needs that did not require any special aids. Staff had become accustomed to their facial expressions and verbal prompts, which were clearly stated in their care plan.

Staff were sensitive to people's needs and those of their relatives when people reached the end of their life. Records showed that people received regular monitoring and support checks, which were recorded on monitoring charts for nutritional intake and output, pressure relief and application of topical creams and lotions. People and their relatives were treated respectfully, with compassion and dignity. Information was provided when necessary and communication was good. We observed that people were well cared for in bed. They were comfortable, clean and supported with meals and medication. Positioning charts were used to record when they were given pressure relief and diaries evidenced support from district nurses and doctors. Care files had details of people's wishes for end of life care and what should happen afterwards.



## Is the service well-led?

### Our findings

At the last inspection the provider was in breach of regulation 17 with regard to effective quality assurance auditing. Audits had failed to identify the shortfalls in managing risk around medicines and infection control and with the effectiveness of care plans.

At this inspection we found that the audits had improved and identified new issues with medication errors and infection control practices and other problems with the health and safety of the premises. These had been addressed by identifying the problem, putting a plan of action into place and then speaking to appropriate staff to establish how the issues would be remedied and by whom. Once issues were resolved action plans were signed off by the manager. Other audits included those on falls, personal care, kitchen and premises safety and staff training. Audits continued to be carried out regularly, as checking the service delivery was an on-going requirement to ensure it improved.

The manager recognised that further development with quality assuring the service was required, but had not been running the service long enough to have made sufficient impact. They explained that so many areas of the service required improvement when they took over that it had so far been impossible to address them all in the short time they had been managing.

The provider was no longer in breach of regulation 17, as audits were effectively used to identify shortfalls and make improvements to service deliver and satisfaction surveys were issued to identify people's views.

While the quality assurance system was used to gather information in audits and surveys and action was taken to improve areas of the service, there was no feedback given to stakeholders under an annual (or other timeframe) report, which could inform people, their relatives and professionals about the improvements made. We advise this as good practice.

The provider was required to have a registered manager in post. At the time of the inspection the registered manager had just left their employment with the provider following a mutual understanding and agreement and we were told they would not be returning, though they had not submitted an application to de-register. This was still required by the time this report was written. A manager was covering the vacancy, with the view to making an application to become the registered manager. However, there was still a sense of uncertainty with regard to leadership, because some decisions made were not fully agreed by all concerned. The location had a condition of registration that it must have a registered manager, but it did not have one and therefore the Well-led section could not be rated any better than 'requires improvement'.

Staff demonstrated that they understood the responsibilities of their roles and while there were no written visions or values for the service, staff followed a code of practice that led to a certain standard of care for people that used the service.

Satisfaction surveys had been issued to people in November 2017 on the topic of food provision. Information was collated and a consensus was agreed on the foods people wanted to have on the menu.

These changes had taken place and people now received a light lunch, with their main meal of the day being in the evening. This was an example of how people were engaged and involved in the running of the service which helped improve their quality of life. Other satisfaction surveys on the environment and privacy and dignity were planned.

People told us, "I'm often asked if everything is okay" and "I don't remember surveys but I probably have done one at some time. Relatives said, "I'm not sure who is managing at the moment, though I know some of the team have not been seen for a while. I have been asked my views in the past about whether my [family member] is being well looked after" and "Things seem to be working fine under those that are here."

The management style of the manager and acting deputy was open, focussed and productive. Both of them demonstrated a sense of integrity with what was required in order to ensure people that used the service were appropriately supported. They acted immediately and as if changes couldn't be achieved quickly enough. The manager stated they still had lots to learn regarding managing the service, but was committed to doing everything right. They had already begun to work collaboratively with other organisations and professionals, seeking advice and assistance from those that had valuable knowledge.