

Tree Vale Limited

Tree Vale Limited Acorn House

Inspection report

18 Cearns Road
Prenton
Merseyside
CH43 1XE

Tel: 01516530414

Date of inspection visit:
30 March 2017

Date of publication:
03 May 2017

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on the 30 March 2017.

Tree Vale Acorn House is a four storey care home situated in a residential area of Prenton, Wirral. The home provides accommodation and personal care for up to 33 older adults. The home primarily caters for adults who live with dementia. Accommodation consists of 33 single bedrooms. On the ground floor, there is a communal lounge and dining room for people to use. There is also an additional small lounge on the first floor.

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

At our last visit in November 2016, we identified multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated inadequate and placed in special measures. During this visit we followed up the breaches we identified at our previous visit and found that significant improvements had been made. These improvements meant that all of the breaches we identified in November 2016 had been addressed. At this inspection, the service was compliant with all of the health and social care regulations.

As the domains of safe, responsive and well-led were rated inadequate at our last inspection, we were unable to rate them any higher than requires improvement at this inspection. This was because the provider needs to show that they can sustain these improvements over time. We will therefore check this at our next inspection. The domains of effective and caring which were rated 'requires improvement' at the last inspection were found to be good at this inspection.

We looked at the care files belonging to four people. We saw that the assessment of people's risks had improved. People's risk management plans contained sufficient information for staff to follow to mitigate risks in the delivery of care and people's care plans were person centred. This meant that people's individual needs, preferences and wishes in relation to their care were clearly stated and planned for. It was obvious from looking at people's care plans that staff knew people well and understood the people they were caring for.

We saw that where specific risks in relation to people's care were identified, these were acted upon a timely manner to ensure people received the support they needed. For example, where people had frequent or multiple falls over a short period of time, they had been referred to the falls prevention team appropriately and assistive technology ordered to help keep them safe. People's accident and incidents were now properly monitored to ensure information about people's risks was used to plan safe and appropriate care..

People whose ability to make decisions was in question, had their capacity assessed. It was clear from looking at this documentation that people were involved in their own assessment. We saw that any decisions made in relation to people's care had followed a best interest process where the person's capacity was found to be impaired. During our visit, we saw that staff ensured people's consent was obtained before any support was provided and that people had a choice with regards to how they lived their lives at the home.

We checked medication management. We found that medicines were now stored at appropriate temperatures. There were also systems in place to enable the manager to check and account for medication that had been administered.

People's weights were taken and monitored regularly to ensure they maintained a health weight. Improvements had been made to people's dining room experience. Napkins and condiments were available for people to use during mealtimes and people's meals were now served on appropriate sized dinner plates. We saw that the menu was displayed in picture format as well as in writing. This was good practice as it helped people who lived with dementia to recognise the food choices on offer so that they could choose accordingly.

Staff were kind, caring and compassionate in their interactions with people. People were supported at their own pace and the atmosphere at the home was warm and relaxed. We observed many positive interactions between people who lived at the home and staff. People looked happy and comfortable in the company of staff and well looked after.

We saw that people had access to a range of activities. The activities co-ordinator played an active role in the home, encouraging and supporting people to participate in the activities on offer. On the day of our visit, people enjoyed painting on easels and a game of 'play your cards right'. Staff were recruited safely and there were enough staff on duty to meet people's practical needs as well as to sit and chat to them socially. This promoted people's emotional well-being.

Staff received the training they needed to do their job role effectively. The provider had made improvements to the way training was provided to ensure everyone received the training they needed in a timely manner. Staff told us they felt supported in their job role and records confirmed that staff had received appropriate supervision.

The provider's complaints policy had been reviewed. The new policy was clear and gave people the correct contact details for those organisations people could contact in the event of a complaint. It also contained the photographs of the staff people could talk to at the home should they have any concerns. This was good practice.

Improvements to the way the laundry operated had been made to ensure people's belongings were treated with care. People's right to privacy and dignity was maintained at all times. We saw that people's confidential information was stored securely to protect their right to confidentiality.

The quality assurance systems in place at the home to monitor and manage risks to people's health, safety and welfare had been reviewed. The manager, deputy manager and provider had worked hard to ensure that the systems in place were now fit for purpose. It was clear that the whole staff team had pulled together to ensure that the changes introduced by manager, deputy manager and provider were effective. This had resulted in many positive changes to the way the service was managed and delivered. As a result of this hard work, the service is no longer in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The safety of the service had improved and the service was now safe.

These improvements need to be sustained over time before the service can be rated as good in this domain. We will check this at the next inspection.

People's individual risks were assessed and managed.

Accident and incidents were properly monitored with appropriate action taken to mitigate any further risks.

Staff recruitment was satisfactory and staffing levels were sufficient.

Medication was stored and managed safely. There was a system in place to account for any medications administered.

Requires Improvement 

Is the service effective?

The service was effective.

People's capacity was assessed appropriately. Best interest discussions had taken place before any decisions were made on people's behalf.

Access to training had improved to ensure that staff received the training they needed in a timely manner. Staff felt supported in their job role.

People's weights were monitored regularly to ensure they maintained a health weight and improvements to people's mealtimes had been made.

Good 

Is the service caring?

The service was caring.

Everyone we spoke with said the staff were kind and caring. Our observations of care confirmed this.

Good 

People's personal belongings were treated with due care and respect.

People's needs were described appropriately in a way that promoted their dignity.

The atmosphere at the home was warm and homely.

Staff chatted to people socially throughout the day which promoted their well-being and sense of belonging.

Is the service responsive?

Improvements to the responsiveness of the service had been made and the service was now responsive.

These improvements need to be sustained over time before the service can be rated as good in this domain. We will check this at the next inspection.

People's needs were identified and described in a person centred way.

Care plans contained lots of information about people's needs and preferences to enable person centred care to be delivered.

Activities were provided that matched the needs and abilities of people who lived at the home. This promoted people's social and emotional well-being.

The complaint policy contained contact details for the management team and external organisations people could contact in the event of a complaint.

Requires Improvement 

Is the service well-led?

Significant improvements to the management of the service had been made. The service was now well-led.

These improvements need to be sustained over time before the service can be rated as good in this domain. We will check this at the next inspection.

It was clear that the manager, deputy manager and provider had taken on board our feedback at the last inspection and worked hard to 'put things right'.

There were now effective monitoring systems in place to check the service was safe and of a good standard.

Requires Improvement 

There were mechanisms in place for people who lived at the home and their relatives to feedback their opinions of the service.

It was obvious that the whole staff team had worked together to ensure the changes made to the service were effective.

Tree Vale Limited Acorn House

Detailed findings

Background to this inspection

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

This inspection took place on 30 March 2017. The first day of the inspection was unannounced. The inspection was carried out by an adult social care inspection manager, an adult social inspector 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 service.

Prior to our visit, we looked at any other information we had received about the home and any information sent to us by the provider since the home's last inspection. We also liaised with the local authority. The local authority had supported the service to make the necessary improvements identified at our previous inspection in November 2016.

On the day of the inspection we spoke with six people who lived at the home, three relatives, a care assistant, the cook, the registered manager, the deputy manager and the provider.

We looked at the communal areas that people shared in the home and visited a sample of individual bedrooms. We reviewed a range of records including four care records, medication records, staff records, policies and procedures and records relating to the management of the home.

Is the service safe?

Our findings

At our last inspection we had serious concerns with regards to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment. At this inspection we saw that significant improvements had been made and the service was now compliant with this regulation. The rating for this domain has changed from inadequate to requires improvement. We could not rate the service higher than requires improvement at this inspection because to do so requires that the provider can demonstrate that these improvements can be sustained over time. We will therefore check this at our next inspection.

We spoke with six people who lived at the home and three relatives. Everyone we spoke with said they or their loved one was safe at the home. One person said "I feel very safe here" and another told us "Yes absolutely safe".

Staff we spoke with understood how to identify and respond to signs of potential abuse. Staff records confirmed that all staff regularly received training in how to safeguard vulnerable adults.

At our last visit, people's care plans and risk assessments were inadequate. People had poor risk management plans and staff had conflicting information on how to manage people's risks. At this inspection, significant improvements had been made. People's risks were clearly identified and staff had clear information on how to mitigate these risks in the delivery of people's care. Risks in relation to nutrition, pressure sores, falls, moving and handling and communication were all assessed and managed. This ensured that staff had sufficient guidance on how to provide safe and appropriate care.

We saw that where specific risks had been identified, referrals to other healthcare professionals, for example, referrals to the tissue viability team (for pressure sores) and the community dietician had been made promptly to support people's wellbeing. The issues we identified at our last visit in relation to poor accident and incident management had all been resolved. There were now robust systems in place to identify people who had had recurrent or frequent falls so that appropriate referrals to the falls prevention team could be made. A relative we spoke with confirmed this. The said "They (the person) are prone to falling. The falls team are involved now".

Records showed that referrals for assistive technology to help keep people safe for example, mobility equipment, fall alarms, falls safety mats were also ordered appropriately, as and when needed. The practical support provided by staff in respect of moving and handling needs had improved and we did not see any use of inappropriate moving and handling techniques during our visit.

Staff we spoke with during our visit confirmed that there was sufficient numbers of staff on duty to enable them to provide a good standard of care. We observed that staff had the time to support people's personal care needs as well as have time to sit and chat with them on a more informal basis. We looked at the rotas and saw that the staffing levels were maintained and the staff team was consistent. This meant that people who lived at the home were received care from the same staff most of the time. This promoted positive

relationship building.

We reviewed a staff file belonging to a new member of staff to check that they had been recruited safely. We saw that they had been. There were two references, a personal identity check and a Disclosure and Barring Service check (DBS), which was carried out before they started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

We looked all around the premises and saw that the home was clean and well maintained. Infection control standards which had been an issue at our last inspection had visibly improved. There was now an adequate and organised cleaning programme in place that showed that all areas of the home were cleaned on a routine basis.

Certificates in relation to the safety of the building and its equipment showed that all safety checks were up to date and carried out regularly. There was an emergency file that contained all the information that would be required in an emergency including Personal Emergency Evacuation Plans (PEEPs) for each person who lived in the home. At our last inspection, none of these were available. We saw that each person's PEEP was completed to a high standard with the person's photograph included. This was good practice. It made sure that people were easily to identify in an emergency situation.

We looked at the way medicines were managed in the home. At our last inspection, there were issues associated with the storage of medication and a lack of 'as and when' required medication plans. There was also no adequate system in place to enable all of the medicines to be accounted for. At this visit, we saw that our concerns had been acted on. There were now very clear procedures on how the service managed people's medication.

The provider had installed a new medicines cupboard in the dining area of the home which was larger in size and much cooler than the previous medication cupboard. The temperature in the new medication cupboard was regularly taken and we saw that all of the temperatures recorded, including the temperature recorded on the day of our inspection, were safe. This meant that medication was stored at temperatures which ensured its quality and safety was preserved.

'As and when' required medication plans were now in place to advise staff under what circumstances these medications should be administered. The manager told us that they were also in the process of introducing the 'Abbey Pain Scale' to help guide staff in the administration of pain killing medication. The Abbey Pain Scale is a tool to enable staff to assess the pain levels of people who may be unable to verbally express pain in order to administer as and when required medication to alleviate their discomfort.

We checked a sample of people's boxed medications. We saw that information about the amount of medication carried forward from one medication cycle to the next was now clearly documented. This meant staff were now able to account for medications when stock levels were checked to ensure that medicines had been given correctly. We saw that the stock levels of all of the medications we checked matched what medication had been administered. The amount of medication in the home's monitored dosage system was also correct. This indicated that people had received their medications as prescribed. People we spoke with confirmed this. One person said "I get my tablets when I need them. If I didn't I would say".

Is the service effective?

Our findings

At our last inspection we had serious concerns with regards to Regulation 11 (need for consent) and Regulation 14 (nutrition and hydration). At this inspection significant improvements had been made and the provider was now compliant with both regulations. This domain has now been rated as 'good' as the improvements the provider was required to make have been made.

People we spoke with said the food was good and they had a choice. One person said "The food is good. We get tea and biscuits when we want", another person told us "We choose what we want to eat if not we can change, it's no problem".

At our last inspection, the daily menu was written on a noticeboard by the communal lounge for people to read but there were no visual prompts such as picture menus to make choosing a meal easier, for people who lived with dementia. At this inspection we saw that this had been rectified. The noticeboard now contained pictures of the meals on offer for each day of the week which assisted people with dementia to recognise and choose their meals. This was good practice. We also saw that improvements had been made to people's dining room experience. Tables now contained not just a tablecloth but matching cotton napkins, a small selection of condiments and people's meals were served on dinner plates as opposed to the side plates seen at our last inspection. People's portion sizes were adequate and the atmosphere during lunch was chatty and social. The staff worked hard to engage with people, support them at their own pace and make the meal a pleasurable experience.

We spoke with the chef. They had a good knowledge of people's dietary needs and special dietary requirements. We saw that more detailed information about people's special dietary requirements and preferences was contained in their care files. This enabled staff to ensure that people received the right diet and the right support at mealtimes. For example we saw that information was available about people's preferred portion size and where they liked to eat their meals. There was also information about aspects of the person's behaviour that may impact on their nutritional intake.

For instance, one of the care files we looked at showed that the person had a tendency to wander away from the dining room table during mealtimes which meant they often forgot about their meal. Staff were advised to re-orientate and remind the person about their food when this occurred and to redirect them to the table. A relative we spoke with also told us "(Name of person) wanders a lot. If they couldn't sit down for their lunch, staff would provide finger food so they get something to eat. I'm happy with that".

At our last inspection, records in relation to people's weights were not always taken or adequately maintained. This was especially true for people who were bed bound. At this inspection we saw that people who were weight bearing were regularly weighed using appropriate scales and that people who were nursed in bed had their arm circumference measured to enable staff to determine whether their BMI (Body Mass Index) was in a safe range. This enabled staff to come to an informed view of the effectiveness of people's nutritional intake.

We reviewed staff training and found there was now a robust system in place to ensure that all staff were adequately trained to do their job role. Mandatory training in the following topics was provided: moving and handling; infection control; safeguarding; food hygiene; health and safety; mental capacity and deprivation of liberty safeguards (DoLS). The manager had improved the induction programme for new staff and made changes to the way training was organised so that new staff received training to do their job role in a timely manner.

Staff said that they felt the team meetings and handovers at the end of each shift had improved. They said that these forums now enabled them to share up to date information on people's welfare and to share ideas and tips on how to improve their care. Staff told us that they had regular access to support and supervision and records showed that senior staff carried out supervision with them every other month. Staff told us that they felt supported and were able to raise concerns with the manager or deputy manager if they needed to. It was obvious from watching the staff work together that there was a clear sense of team and collaborative working.

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).

At our last inspection, improvements with regards to how people's capacity was assessed and people's liberty deprived was required. At this inspection we checked whether the service was now working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was now compliant with the MCA and DoLS legislation which meant people's legal right to consent was now respected.

We looked at four care files. We saw that the way in which people's capacity was assessed was clearer. Information relating to how the assessment had been conducted was documented. People's capacity assessments showed that they had been involved in their own assessment and consulted about the specific decision to be made. There was a clear audit trail of the outcome of people's capacity assessments and any best interest decisions made on their behalf. For example, one person's care file showed that the MCA had been followed in order to ensure legal consent was gained to enable staff to give this person their medication covertly.

We saw that people at the home were supported to make as many decisions as possible for themselves and that their ability to make independent decisions was supported appropriately. This was confirmed by the people we spoke with. One person said "I decide what I want, this is my home. If not I will say so. And they know it". Another said "I choose what I want to do".

Where people had appointed legal representatives such as a legal 'power of attorney', information about this was contained in their care file. This information listed who the power of attorney was and the type of decision they were able to make on the person's behalf. This was good practice and showed that the manager had sought out people's advance decisions in relation to their care should they lose their capacity to make specific decisions.

We looked at people's health needs and saw that they were carefully monitored. All care files contained

details of professional visits and we saw that people had regular access to their GP, chiropodists, opticians and dentists etc.

There were dementia friendly signs around the home and in colours that made things easily identifiable for people. We had some concerns over the number of locked doors within the home but the manager informed us that they made every effort to accommodate people who liked to go to their bedrooms. During our visit, no one raised any concerns to us about the fact that these doors were locked.

Is the service caring?

Our findings

At our last visit, we had concerns that people's belongings were not being cared for appropriately. Some of the language used by staff to describe people's needs was inappropriate and some aspects of people's care did not ensure their privacy and dignity was respected. At this visit, we found that all of these issues had been satisfactorily addressed. We have now rated this domain as good as the improvements the provider was required to make have been made.

At the last visit, relatives told us that people's clothing often went missing and were not laundered or put away with due care. During this visit, we observed that people's belongings were properly stored. The laundry itself had been tidied and re-organised and the way people's clothes were laundered and returned to them had improved. We saw that people looked clean and smartly dressed.

People's continence aids which were openly displayed in their bedrooms at our last visit, were now been stored discreetly in their wardrobes so that should people have visitors, these items would not be visible. This ensured people's right to privacy was maintained. The use of inappropriate language to describe people's eating habits and nutritional needs had been addressed and this information was no longer on public display. At all times during our visit, staff spoke with people with respect and maintained their dignity at all times.

All of the interactions we observed between staff and the people who lived in the home were kind and caring. We saw that people were supported at their own pace and were encouraged to make clear choices in how they wished to be cared for. We saw that people got up leisurely throughout the morning at a time they chose.

We observed staff chatting with people whilst supporting them with their day to day care. It was obvious that staff knew people well and were able to talk to them about the things that they were interested in. We saw that staff explained what they were going to do and asked people how they wished to be supported before any support was provided. There was a real sense of belonging in the home and a warm, calm atmosphere.

We saw one person got agitated on a couple of occasions. Staff managed to diffuse this successfully and quickly. They obviously knew the person well and how to support them in an unobtrusive way. This person behaved in a way that could have upset other people but the staff's early intervention managed to divert their attention and settle the person quickly without disruption to others.

Since our last inspection, people's photographs for the purpose of their care file had been renewed. At our last visit some of these photographs had been taken when the person was asleep but at this visit we saw that the new photographs of people were lovely. They had been taken when the person was smiling, they looked happy, fresh and smartly dressed. It was obvious that the person being photographed knew that the photographs were being taken.

We saw that people's care files were stored confidentially and contained information about people that was

written in a kind, caring and respectful way. People's information clearly showed that staff knew them well and that people's preferences were important in the delivery of the service.

Is the service responsive?

Our findings

At our last inspection, people's care plans were not written in an individualised way. They lacked sufficient detail about the person and staff had little guidance on how to meet people's needs and care for them in a person centred way. At this visit, the information about the people who lived in the home and the care they needed had greatly improved. Staff had clear guidance on how to care for people in accordance with their preferences and ability. The rating for this domain has changed from inadequate to requires improvement. We could not rate the service higher than requires improvement at this inspection because to do so requires that the provider can demonstrate that these improvements can be sustained over time. We will therefore check this at our next inspection.

We saw that the care files we looked at contained up to date information about people's needs and care. This included information about the support they required with their mobility, skin integrity, nutrition and physical health needs. We found that people's needs were reviewed regularly and care plans updated, where people's needs had changed.

People's care plans were vastly improved. They were written in a person centred way from the person's perspective. Where people had specific risks, care plans had been individually developed so that the person's needs were clearly described and staff had sufficient guidance on how to support them appropriately. For example, one person lived with diabetes. We saw that a person centred diabetic care plan had been developed by the manager with advice sought from a diabetic nurse to ensure that all of the person's needs were adequately identified and met. This was good practice as it showed that the manager had sought professional advice to ensure that any care planned was safe and appropriate.

Care files contained detailed person centred profiles about the people who lived in the home. From the person's profile, it was possible to see what was important to the person and how they wished to be cared for. For example information was provided to staff on what the person could do independently in their day to day life and what they needed help with. People's preferences in relation to preferred daily routines, social interests and hobbies and food and drink were all documented. Care files also contained lots of information about people's life histories which enabled staff to have knowledge of and engage with and talk to people about their lives.

When we asked staff about the people they cared for, they were able to demonstrate that they knew not just what practical care the person required but that they knew the 'person' and what was important to them. When we asked about people who required specific support such as repositioning, support at mealtimes and catheter care, they were able to tell us clearly how they cared for the person and the documentation they needed to complete to show what care had been given.

We saw that a range of activities was provided by the home's activities co-ordinator. On the day of our visit, people enjoyed painting on easels. They had a specific item to paint and the activities co-ordinator joined in. We saw that people really enjoyed this activity and had a good time. In the afternoon a game of 'play your cards' right was played and the atmosphere was jovial and relaxed throughout. We saw that people's

care files contained their activity records. This showed what activities the person had participated in and enjoyed.

For example, we saw that some people had enjoyed a sensory seaside activity that included sensory smells, a seaside CD and seaside snacks. Other activities such as 'Name that Tune'; 60's memory boxes (which contained memorabilia from the 60's); movie afternoons and board games were all provided and enjoyed. The day before our visit, people had also enjoyed potting plants in the garden.

We saw that people's care files contained a copy of a letter written by the manager encouraging relatives and visitors to make use of the activity resources that were available in the home when they visited people. For example, board games, jigsaws and reading materials. This was a good idea as it promoted a positive visiting experience for everyone concerned. It can sometimes be stressful for relatives and visitors if the person they are visiting is less able to join in and follow a conversation so having something practical to do together such as a jigsaw or board game can help both parties connect with each other in a positive way.

We saw that provider's complaints policy had been rewritten in response to our feedback at the last inspection. The new policy was easy to understand. It was displayed on the noticeboard in the entrance area of the lounge. It was easy to see and read as it had been written in large print. It contained not just the names of the staff members who people could complain to in the first instance, but also their photograph. This was good practice as it enabled people who lived with dementia to recognise who the staff member was, should they not remember their name or vice versa.

The contact details of the external agencies to whom people could speak to, should they wish to escalate their complaint, had been corrected so that people had accurate information on how to contact them.

Since our last inspection, the manager had also introduced a complaints log. This logged any form of complaint and the action taken. We saw that only minor issues had been reported since our last inspection and that appropriate action had been taken by the manager and senior staff to respond to people's concerns in a timely manner.

One person we spoke with said "If I don't like anything I say so. The manager is great". Another person said "I know who to speak to if I don't like anything".

Is the service well-led?

Our findings

At our last visit, we found the governance arrangements in place at the home to assess, monitor and mitigate risks to people's health, safety and welfare were inadequate. This meant that the manager and provider could not be sure that people received safe and appropriate care. At this visit, we saw that significant improvements across the whole of the service had been made. We could not however rate this domain higher than requires improvement at this visit because to do so the provider must show that they sustain the improvements they have made over time. We will check this at our next inspection.

During our visit, we complimented the manager, deputy manager, provider and staff team for the improvements that had been made since our last inspection. We pointed out that it was rare to see such improvements in a short space of time. The improvements made were a great achievement. The impact on the service and the morale of the staff team was evident in all aspects of the service delivery. The manager was a visible presence and was proud and confident in all of our discussions. It was clear that they had taken on board all of our feedback at the last visit and had worked hard with the staff team to turn things around. At this visit, we found that all of the breaches we identified at our last inspection had been addressed and the service was meeting all of the regulations of the Health and Social Care Act 2008, many to a high standard.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw that the manager had reviewed the quality assurance systems in place since our last visit and had really thought about what audits needed to be undertaken to ensure that risks to people's health, safety and welfare were identified and managed. We saw that a number of audits were in place and that they were now being used effectively in the delivery of the service. The audits in place included checks on health and safety, infection control, staff records, care records, medicines, accidents and incidents amongst other areas. We saw that these checks were carried out regularly and thoroughly with any actions identified, followed through and completed.

The provider also now took an active interest in the service. They were involved in regularly reviewing the quality assurance systems in place to ensure that had an informed view of the quality and safety of the service. It was obvious that the manager, deputy manager and provider had worked well together to plan and deliver a programme of improvements since our last inspection.

There was a well-established staff team that had worked at the service for many years and knew the people and their families very well. It was clear from our observations and discussions that staff liked working at the service and that this was, in part at least, down to the leadership and management of the service. It was clear the manager, deputy manager and provider had pulled the staff team together in a positive way to ensure that improvements were achieved. We saw that the staff team seemed happier in their work and more committed since the last inspection. This showed good leadership and team spirit.

From our discussions with the registered manager we found that they had improved their knowledge of their legal obligations under the Health and Social Care Act including the conditions of their registration. They had correctly notified CQC of any significant incidents which had occurred within the service and we saw that any significant incidents had been managed appropriately. It was clear they had undertaken a lot of research into what improvements needed to be made and had used this research to significantly improve the service.