

Cookridge Court Limited

Cookridge Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Cookridge Court is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Cookridge Court is a residential home providing accommodation for persons who require personal care, some of whom are living with dementia. Cookridge Court has four units which include residential and dementia specialist accommodation. The units are called 'Court suite', 'Grange', 'Iverson' and 'Lawnswood.'

This inspection took place on 13 and 14 September 2018. This inspection was unannounced.

The last inspection of this service took place on 26 January, 1 and 5 February 2018. The service was rated as Inadequate at that time. Following the last inspection, we met with the provider to discuss our inspection findings and we also asked the provider to complete an action plan to show what they would do, and by when, to improve the overall rating of the service to at least 'Good'. At this inspection we found the provider had made some improvements. However, the provider had not taken all appropriate steps to make the required improvements needed and they continued to be in breach of three regulations.

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 it is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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.

We found medicines were not always managed safely because people did not always receive their 'as required' medicines. Guidance for staff in the form of protocols was not always in place to instruct staff on how to administer medicines and some medicines had not been administered at the correct times. Two clinic rooms were not clean and therefore posed a risk of cross contamination.

At the last inspection we found the provider did not comply with the Mental Capacity Act (2005). The process to evaluate the need for Deprivation of Liberty Safeguards (DoLS) was not always documented and mental capacity assessments were at times inaccurate. At this inspection improvements had been made. However, further work was needed to ensure the provider followed the Act. We found best interest decisions had been completed but not all health professionals had been involved. Capacity assessments had not always been recorded and some assessments had been completed that were not necessary.

We found shortfalls in a number of areas relating to record keeping and audits in the service.

Risk assessments were initially completed, reviewed and changed with people's care needs. However, we found some risk assessments required further detail to provide clear instructions for staff and to maintain people's safety.

Initial assessments were completed and we found people had been placed on the units most appropriate to their needs. We found some initial assessments which required further details about people's specific needs and how best to support them.

Following the last inspection improvements had been made to the security of the home, support for staff including supervisions and appraisals, safeguarding incidents had been investigated and incidents and accidents were being managed effectively.

People living in the home told us they felt safe and staff followed the provider's safeguarding policy for reporting and acting on concerns. We found staff felt confident to raise concerns and whistle blow if needed.

Staff told us there were sufficient staffing levels and the provider rotas confirmed this. People living in the home told us staff had the relevant training to meet their needs. We found new staff were given an induction programme and mandatory training was provided to ensure staff keep their knowledge up to date.

Appropriate checks were carried out to ensure staff working in the service were safe to do so. We found staff received regular supervisions and appraisals to develop their skills and said they felt supported.

Maintenance checks were carried out in the home to ensure it was safe. There was an infection control policy which staff followed and we found the home was clean and tidy other than the clinic rooms.

People living in the home said staff were friendly, caring and respected their wishes. Staff ensured they always offered choice and encouraged people to remain independent when their health allowed.

Most people told us activities were available at Cookridge Court which they enjoyed.

Complaints were managed with actions taken to address the concerns and people felt their concerns would be responded to. There had been a reduction in complaints since the last inspection and an increase in compliments the home had received.

People living in the home, their relatives and staff spoke positively about the current management of the service. The managers had made some improvements to drive further improvement and told us this was ongoing.

The provider gathered feedback from people living in the home and their relatives with annual surveys and staff team engagement surveys.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Regulations 12 (Safe care and Treatment) and 17 (Good governance) and 11 (Consent). You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The management of people's medicines was not always robust.

Risk assessments were carried out. However, some required further information to instruct staff on how to support people safely.

The provider's safeguarding policy was followed by staff. Incidents and accidents were reported and managed effectively to mitigate risks.

Staffing levels were sufficient to meet people's needs and recruitment processes were robust.

Is the service effective?

Requires Improvement ●

The service was not always effective.

We found the provider did not comply with the Mental Capacity Act (2005) as capacity assessments and best interests had not always been carried out.

There was an induction and training programme in place for staff and regular supervisions took place. Staff told us they felt supported and people felt staff had the right training to meet their needs.

People were supported to have their nutritional needs met and health care professionals were involved when support was required.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, caring staff who respected their privacy and dignity and promoted independence.

Staff were familiar with people's preferences and needs.

There was an equality and diversity policy which staff followed to ensure peoples diverse needs were being met.

Is the service responsive?

Good ●

The service was responsive.

Initial assessments of people's needs were carried out and people had been moved into the units most appropriate to their needs.

Most people told us activities were available at Cookridge Court and said they enjoyed them.

People were provided with choices and preferences regarding their care.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

We found shortfalls relating to record keeping and audits as these were not always accurate and well maintained.

The managers had made some changes within the home to drive improvement and people said this had had a positive impact on the home.

Surveys had been completed to gather people's views about the service.

Cookridge 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 13 and 14 September 2018 and was unannounced. On day one of the inspection the team consisted of one inspection manager, one inspector, one specialist medicines advisor and two experts 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. On day two of the inspection the team consisted of one inspection manager and one inspector.

We did not request a PIR in advance for this inspection. 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 used the information that we gathered to inform the planning of this inspection.

Before this inspection we reviewed information we held about the service. This included statutory notifications received from the provider. Statutory notifications are notifications of certain events and incidents that the provider has to inform the CQC by law. We used this information to help plan the inspection. We also contacted the local authority, local safeguarding team and Healthwatch.

During the inspection we spoke with 17 people who used the service, six relatives, the registered manager, the clinical manager, quality assurance manager, a chef, administration staff, and eight care workers. There were two managers, the clinical manager and the registered manager. We looked at a range of records including five staff files relating to recruitment, supervision, appraisals and training. We also looked at six people's care records which included care planning documentation, risk assessments and daily records. We viewed records relating to the management of the service, surveys, audits and a wide variety of policies and procedures.

Is the service safe?

Our findings

At the last inspection we found medicines were not always managed safely. At this inspection we found the provider had not taken appropriate action to make the necessary improvements. We looked at 13 medicine administration records (MARs) and found six did not have protocols in place for those people who were prescribed 'as required' medicines. This meant there were no instructions to inform staff of when a person may require these medicines, at what dose and how often the medicines should be administered. This meant people may have been at risk of not being offered these medicines.

Some people's medicines had not always been reviewed regularly which meant some people were prescribed medicines that may not have been required. One person had been prescribed an 'as required' medicine. However, this had not been administered for a period of four weeks and therefore a review should have taken place to determine if this was still required. We were also informed by staff that they did not have patient information leaflets to inform people about their medicines.

We found the clinic rooms were not always kept clean. One clinic room flooring had peeled away and was not clean with medicines pots and rubbish on the floor. We asked for a cleaning rota however, staff could not provide this. In another clinic room the sink was unclean and had medicine pots with residual medicine within. We also found room temperatures had not been recorded to ensure medicines were being stored at the correct temperatures.

One person had been prescribed a weekly pain relieving patch, to be given in the morning. However, we found on five occasions the patch was applied at other times during the day. This meant staff did not follow the prescribed medicines administration guidance and therefore did not follow the provider's policy.

Another person prescribed a medicine to manage their Parkinson's disease should have been given their medicine before 12pm. However, this had been administered at 1pm. The impact of not receiving this medication could result in increased tremors and discomfort. We informed the registered manager and the manager who told us this was the person's preferred time to have this medicine. They agreed to seek further advice from healthcare professionals and update the person's MAR.

One person had been prescribed a pain relieving medicine. We were informed by the person that this medicine had not been offered to them since 5 September 2018. On the day of our inspection the person was complaining of pain and no medicine had been offered.

We discussed the above concerns with the registered manager and the manager. They told us they would ensure people received their medicines safely and follow the provider's policy.

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

Although we found concerns with medicines most MARs were completed with minimal missed signatures

indicating that medicines were administered to people. Controlled Drug (CD) checks were carried out for all medications and stock checks completed on a weekly basis. Where CD drugs were administered two staff members signatures were present in the CD register. Staff informed us they also received medicines training and competency checks to ensure their practice was safe.

At the last inspection we found the provider had failed to ensure that people living in the home were protected from abuse or improper treatment. Safeguarding incidents that had occurred within the service were not always reported by staff or properly investigated. We found the provider had made improvements at this inspection and addressed our concerns. The provider had a safeguarding policy which staff followed. One staff member said, "I undertake a whole range of safeguarding training, it gives me confidence to aid people's safety." Staff were clear on their understanding of how to protect people from potential harm or abuse.

We found a safeguarding issue relating to a sexual incident which had taken place. People involved had been placed on observations to ensure their safety and the relevant health professionals involved. The provider used behavioural charts to monitor behaviour and to review if the person's needs had increased. We found following the incident that no further reports had been recorded which meant the risk had been managed effectively. The manager told us they used a matrix to record all safeguarding's to identify any trends or themes. Prior to the inspection CQC had looked at the safeguarding incidents which had significantly reduced since the last inspection.

Staff understood how to whistle blow should they need to. The provider had a policy in place which staff were aware of and told us they would feel confident to raise concerns.

At the last inspection the provider did not always assess the risks that both people and staff faced and therefore unnecessarily exposed them to the potential of suffering serious harm. At this inspection we found the provider had made some improvements. Risk assessments were carried out and reviewed. For example, one person at risk of skin damage had a profile bed and pressure relieving mattress in place to reduce the risk of any potential sores to the skin. The person was also a high risk of falls and we found a crash mat in the person's room to prevent possible injury. These risk assessments had been reviewed regularly and we found the person had not had a fall since January 2017 which meant the risk was being managed. One person living in the home had mobility issues but told us this had improved with staff support. They said, "With the help of the staff - my mobility is better - that's a real achievement for me."

Although most risk assessments provided detail for staff we found some which were unclear. For example, one person told us, "There are usually two people to help me, but sometimes only one comes and take a risk doing it alone." We also found one risk assessment in a care file which recorded '1-2' staff required.' The care plan did not specify when only one staff member was required. This meant the person may have been at risk of being supported without adequate staff. We discussed this with the registered manager who agreed that further details will be documented to make sure the instructions are clear and that people are supported safely.

One person had been prescribed a compression hosiery to reduce swelling and to improve circulation in their legs. We found the person was not wearing their hosiery and when staff were asked about this, said, only one pair of hosiery was available. This one pair had been taken for a wash and a replacement was not available. No care plan was in place around the hosiery for when this was required and how long it should be applied. This meant the person may have been at risk because there were no instructions on how best to support the person with their needs. The provider had not ensured that additional hosiery was in place for the person when needed. We discussed this with the register manager and the manager who said they

would review care plans to ensure instructions for staff were clear.

We recommend the provider ensure all risk assessments are carried out and that information is available about how to manage potential risks.

At the last inspection we found accidents and incidents had not always been reported by staff. At this inspection we found accidents and incidents were managed by the provider with actions taken to prevent reoccurrences. Staff were clear on their responsibilities to report concerns and followed the provider's policy. The provider had a system to identify trends or themes for individuals using the service so that any increase in incidents could be closely monitored and actions taken to mitigate risk.

At the last inspection we could not be certain that staffing levels were safe as the provider failed to evidence that there were sufficient staff on duty. At this inspection we found staffing levels had improved. We looked at the staff rotas which confirmed this. Staff also told us there were sufficient staffing levels to meet people's needs. One staff member said, "We are better staffed and supported since the last inspection."

Staff recruitment checks were carried out safely. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment with vulnerable people.

At the last inspection we found the premises of the home was not always secure because there was no one in the reception area to check if anyone was entering the building undetected. At this inspection we found improvements had been made to ensure people's safety. For example, during the inspection there was always a member of staff at reception to identify people coming into the home.

Health and safety checks were carried out. The home was clean and tidy and we found infection control procedures were being followed. Every individual had a personal emergency evacuation plan (PEEP) in situ and we saw these in personal files. This meant staff had information available to them to support people to be evacuated to a place of safety in the event of a fire or other emergency.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found the service was not always effective and the provider was in breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as they had failed to comply with the MCA. This was because the process to evaluate the need for Deprivation of Liberty Safeguards (DoLS) was not always documented and mental capacity assessments were at times inaccurate. At this inspection we found the provider had made some improvements but further work was needed to ensure they were fully compliant with the MCA.

We found some people had not had a capacity assessment or best interest decision completed for when they moved into the home. One person lacked capacity however, there was no documentation about this.

Where capacity assessments and best interest decisions had been carried out, these were at times completed by only one staff member. This meant other people involved in the person's care had not been consulted about decisions made to ensure this was in the person's best interest. For example, one person had a best interest decision made for the monitoring and administration of medicines completed by one staff member at the home. This stated, "In my opinion the person concerned lacks capacity to make their own decision at this point in time because:" This practise is not in line with the principles of the MCA.

We also found capacity assessments had been carried out that were not always required. For example, one person had a capacity assessment to maintain a well-balanced diet. This did not relate to any restrictions on the person's diet other than to support them in being healthy and a capacity assessment was not required.

In one care plan regarding a person's rights, consent and capacity needs it recorded that their relative made all complex decisions for their parent's care. However, we found no evidence that the relative had legal power of attorney to make decisions about the person's health and welfare. We discussed this with the registered manager who told us they would not allow the relative to make any decisions until they had been provided with evidence of legal powers to do so.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People living in the home and their relatives told us staff had the skills and knowledge to support their needs. Comments included, "I am so well looked after here", "I believe the staff are trained to a good standard" and "The managers have informed us of all the training the staff undertake via the relative's meetings, it's quite impressive."

The provider had an induction programme for new staff which mapped against the Care Certificate. This is a set of standards that social care and health workers follow as recommended by Skills for Care, a national provider of accreditation in training.

Staff told us they received training to keep up to date with good practice. Some of the courses included, safeguarding, moving and handling, fire, infection control and food hygiene. We looked at the staff files which showed which training staff had completed. We found some records relating to training completed in 2013 and at times found it difficult to determine where they may be gaps in training. We discussed this with the registered manager and manager who told us they used a matrix to monitor this. The managers agreed that reviews or auditing of training files would be beneficial to ensure records were accurate in staff files.

At the last inspection we found supervision records were not always detailed and were often generalised. At this inspection improvements had been made with detailed supervisions and appraisals having been recorded on a regular basis. We checked five staff files and found one person that did not have an appraisal. We informed the registered manager of this so that an appraisal could be completed.

People were supported with their nutritional needs. People and relatives were very complimentary about the food. We observed lunch during day one of our inspection. The staff were seen and heard discussing the menus for the next day. If people did not prefer the main menu an alternative was offered. The dining tables (in all dining areas) were neatly set and looked welcoming with matching linen tablecloths and napkins and flowers. The catering staff took the lead on serving food from a heated trolley. The staff were seen to be very calm and patient when delivering meals. Observation showed that staff ensured people were sat or positioned correctly, and were comfortable to eat their meal. Although several people could not remember what they had ordered for their meal the staff were seen and heard reminding people in a gentle manner.

We found people had access to health professionals when this was required. People living in the home said, "They make all the arrangements for me to see my specialists" and "I see the district nurse regularly, they make sure of that." Any concerns raised about people's health was acted on immediately to prevent further issues. For example, staff raised concerns about a person's memory and ability to retain information. It was arranged for the person to be referred to a memory clinic for an assessment of their needs.

Is the service caring?

Our findings

People living in the home and their relatives told us staff were caring, friendly and listened to them. Comments included, "I like it here, they are a good team. They know how to treat you, they look after you. They listen to what you say and compromise", "The staff are approachable, friendly, and listen to you" and "My quality of life has vastly improved since coming to live here."

The staff and residents looked comfortable together. There was a lot of laughter and friendly 'banter' between people. People said that staff were good at listening to them and meeting their needs.

The provider had an equality and diversity policy which staff followed. Some people living in the home had diverse needs and staff respected these. For example, one person enjoyed attending church as religion was a part of their life. The person said, "I love it that the staff support me in my church activities, it means so much."

Staff were respectful of people's needs for privacy. We observed staff knocking on people's doors before entering. One staff member told us about an incident of a person falling and because they were not able to move the person until they had been checked by a medical professional they placed a blanket over them to protect their privacy.

People were supported to remain as independent as possible. One staff member told us they supported a person who used a wheelchair due to mobility issues. However, they encouraged the person to use their Zimmer frame (walking aid) when possible to enhance their independence. Another person in the home was supported by staff with their personal care but was independent with certain aspects of washing where staff allowed them to independently do this.

People living in the home and their relatives said they were given explanations about the care being provided and felt involved in decisions made. One relative had made a complaint about a person's fluid charts not being filled out. We found the manager reassured the person and relative by having discussions about the concerns raised. Another relative said, "Communication is excellent. [Manager's name] keeps us informed of any changes."

We saw people had boxes outside of their rooms which included memorable information about the person and helped people to find their bedrooms. People living in the home were encouraged to bring in personal items to decorate their room and make it personalised to them.

Information was available should people wish to seek advice and support from advocacy services. An advocate helps people who may require independent support to help them express their views.

Is the service responsive?

Our findings

At the last inspection we found initial assessments of people's care were not always effective. The home had two units for people living with dementia and two residential units. However, we found people with advanced dementia living in the residential unit. At this inspection the provider's assessment process had improved because people were placed on units according to their needs. This had also been reflected in the reduction of incidents and accidents.

The care plans we looked at were person centred and detailed people likes, dislikes and preferences. Care plans provided clear instructions for staff to follow. Our observations confirmed that people received care that was person-centred in line with information in people's care plans. Regular care plan reviews took place or when people's needs changed. People living in the home and their relatives were involved in the reviews of people's care. One relative told us, "Relatives are included in care, and any changes are talked over with them."

We found people had been assessed and were living in the units most suited to their needs. However, we found the recording of an initial assessment in one care file which was basic and lacked detail about the person's needs. For example, one element of the assessment recorded that the person had dementia. However, there was no detail of what dementia the person had, how this impacted on their abilities and what support they may require. We discussed this with the provider who told us they would include further details within their assessments.

Staff told us they always offered choice and respected people's wishes. For example, one person preferred to wear bed socks with grips on the soles rather than shoes around the home and this was respected by staff. Another person's religious beliefs meant they had an advanced decision to refuse specified medical treatments and this had been clearly recorded in their care file to ensure staff followed this wish.

Most people told us activities were available at Cookridge Court. Comments included, "There are not a lot of activities. Crafts and sometimes a singer. We have a group of small children come regularly", "The party nights are great - we have entertainers too", "I love the hand massage sessions and having my nails done" and "When the young children come to visit it just lifts your spirits."

We observed activities taking place whilst on inspection. People were enjoying a community group of child minders bringing in their children to share fun and games together. Everyone who joined the session was seen to be laughing, smiling and singing along with the children doing actions to nursery rhymes.

We spoke to the activity co-ordinator who was new to this area of care. The activity co-ordinator said, "I have been talking to families about joining in the planned activities, especially outings. We have not had any outings since I have been doing this work alone." They said budgets had been increased by the provider to ensure activities programmes could be improved. One improvement identified was to take people out of the home.

The provider had a complaints policy and used a complaints log book to monitor how many had been received each month. Since our last inspection we found three complaints had been received. Complaints were managed effectively for example, one relative had complained about their family member's care. We found this had been discussed with the relative, changes made to the person's care and a follow up to ensure all involved were satisfied with the outcome. People also told us they felt confident to raise concerns or make a complaint. One person said, "If I had to complain I would go to the manager."

Since our last inspection the provider had received 23 compliments. Compliments included relatives feedback about an improved atmosphere within the home since the appointment of new management, comments about the excellent care their family members had received and staff being caring, friendly and attentive.

End of life care was provided at the service. People's wishes for their end of life care were recorded and staff were aware of this information. The registered manager told us the staff worked with health care professionals to make sure people had a comfortable and dignified death.

Is the service well-led?

Our findings

At the last inspection we found the provider had not taken the appropriate steps to ensure effective managerial structures were in place, resulting in a lack of stability and consistency in the service. The systems in place were not robust enough to ensure continuous improvement in the service. In addition, records throughout the service were not always well maintained. At this inspection we found some improvements had been made. However, further improvements were needed to ensure records were accurate and up to date.

We found records relating to medicines, initial assessments of people's needs, mental capacity assessments, best interest decision making and staff training were not always completed to an appropriate standard. For example, one person had been prescribed an intramuscular injection every three months. However, no evidence could be found about when it was last administered and when the next injection was due. No record could be found in the care notes that the district nurses had visited the home to administer this medication. We found 'as required' medicines did not have protocols in place to instruct staff of when these may be required and this did not follow the provider's policy. Also, fridge temperatures had not been recorded to show that medicines were being stored at the correct temperature.

Risk assessments did not always have clear instructions for staff about how to minimise risks to people. Some records showed one to two staff were required to support people, however, it did not detail when one or two staff were required. MCA documentation was not always accurate. We found that for some people who had moved into the home there had not been a capacity assessment carried out.

We discussed this with the registered manager who told us they would review these documents to ensure records were kept accurate and up to date.

Audits were not always recorded correctly. For example, action plans did not always have completion dates to show when changes had been made to improve practice. We found one audit had identified the need for fridge temperatures to be recorded for medicines. At the next audit we found this had not been actioned as it was again recorded that fridge temperatures were needed the following month. Some audits required feedback from people using the service and staff. These were often not completed which meant the provider may not be aware of where actions may be required. We discussed this with the registered manager as these issues had been found at the last inspection and had continued. The registered manager agreed that these audits will be reviewed to ensure accurate records.

We found governance systems had not identified the above issues and therefore shortfalls were not identified by the provider.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People living in the home and their relatives all commented positively about the changes that had been

made since the new managers worked within the home. Comments included, "The managers have taken a great deal of time and effort in reassuring us following the previous CQC report. We can see a real difference for the better here", "You can go to the manager about anything and they will sort it out", "The managers make a great team. You can discuss anything with them - they certainly reassure us when we chose to come here" and "I get excellent support. The managers and staff always portray a positive attitude and always act in a professional manner."

Staff also told us the atmosphere in the home had improved and that they enjoyed their work. Staff said, "This is a great place to work, I couldn't be more supported", "I absolutely love my job, I get all the support I need" and "Better since the last inspection, it's going in the right direction. It's a happier place, not feeling as stressed and don't feel pressured, the managers have trust in us."

The manager told us there had been significant improvements within the home. They had introduced resident of the day, flash meetings (brief short meetings with staff), handovers with managers and the seniors to ensure better communication within the home. Both the managers told us they wanted to continue to drive improvement. The registered manager said, "We want people to receive gold standard care." In relation to the shortfalls identified at this inspection they told us they would immediately action change to ensure people received safe and effective care and standards throughout the service improved.

Surveys were carried out to gather people's views. Relatives told us they received these and outcomes were shared with people to show what actions the provider took to address any concerns. Comments from relatives included, "We get questionnaires about the service regularly", "All the results from surveys are shared with people and families, they are on display in the reception too" and "All our thoughts and ideas are taken on board, we are well informed following any meetings with the management."

Resident, relative and staff meetings took place within the home. People told us they attended these and were informed about any changes to the home. One relative said, "They work well with relatives. If there is a meeting and you cannot get to it they send you the minutes to read."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent There was a failure to comply with and appropriately apply the Mental Capacity Act (2005).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to ensure proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was failure to follow systems in place to assess, monitor and improve the quality and safety of the service provided. There was a failure to maintain accurate and complete records. Audits were also not robust as they did not always identify shortfalls.