

Tricuro Ltd

# Sidney Gale House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

This was an unannounced comprehensive inspection carried out on 18 and 19 April 2018.

Sidney Gale House is a 'care home' without nursing for up to 44 older people. At the time of the inspection there were 25 people living or staying at the 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.

The home had a registered manager who had been in post since August 2018 following the last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

At the last inspection in August 2017, overall the home was rated 'Inadequate' and we found seven breaches of the regulations. We took enforcement action and cancelled the registered manager and issued a fixed penalty notice to the provider.

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. At this inspection the service demonstrated to us that significant improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of 'Special Measures'.

We have identified some areas for improvement and sustainability in the 'is the service effective and well led' questions. These related to raising equality and diversity awareness, the monitoring of people's Deprivation of Liberty Safeguards (DoLS) conditions, the consideration of people's dietary needs and to continually review and assess the effectiveness of the quality assurance systems so that any improvements can be embedded and sustained.

The overall rating for the service is now 'requires improvement'. This is because although there had been significant improvements overall and all of the regulations breached at the previous inspection have been met, we are not yet able to assess whether these improvements can be embedded and sustained when the home is at full occupancy. We will fully review the sustainability of the improvements and impact on people and staff at the next inspection.

The culture at the home had improved and there was an open, friendly and homely atmosphere. People and staff were relaxed and comfortable with each other. People were supported with kindness and compassion by staff who knew them well and understood the care they needed. This was an improvement.

People told us they felt safe and the safeguarding systems and processes were now followed to make sure any allegations were reported, investigated and risks to people were managed. This was an improvement.

Risk management plans in relation to people's care and support were completed, regularly reviewed and up to date. This was an improvement.

People received the care and support they needed and in the ways they preferred. Their needs and preferences were consistently assessed or planned for. People and their representatives were actively involved in developing and contributing to their care plans. This was an improvement.

Staff were recruited safely and sufficient information was obtained for agency staff to make sure they were suitable and safe to work with people at the home. This was an improvement.

People's rights were now protected and staff understood and acted in accordance with the Mental Capacity Act 2005 (MCA). This was an improvement.

CQC had been notified of significant events including allegations of abuse as required. This was an improvement.

The service was now well-led by the registered manager and people, staff and relatives spoke highly of the impact and changes since the registered manager came into post. The registered manager had produced an improvement and development plan to continue with the good progress made since the last inspection. There was now a culture of sharing information and learning from incidents, concerns or allegations to inform changes in practice to improve the service people received.

The provider had reviewed and learnt lessons from the findings of the last inspection. They were reviewing their governance systems so they could continue to drive improvements at this and their other services.

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 has improved to Good.

People were protected from abuse and avoidable harm.

Risks to people and medicines were managed safely

There were enough staff on duty with the skills to provide the support people needed.

The building and equipment were safely maintained.

### Is the service effective?

Requires Improvement ●

The service remains as Requires improvement. Improvements were needed in the monitoring of people's diets, and how they choose meals and have access to snacks, the monitoring of DoLS conditions and raising LGBT+ awareness.

Staff were supported through training and supervision to provide the right support for people. They had a good understanding of the Mental Capacity Act 2005 as it applied to their work.

Most people enjoyed the food provided.

### Is the service caring?

Good ●

The service has improved to Good

People told us staff were caring and compassionate.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Family and friends were made welcome and continued to play a part in their family member's care and support.

### Is the service responsive?

Good ●

The service has improved to Good

People's care plans were personalised and accurate and up to date.

People and their representative's knew how to complain.

### **Is the service well-led?**

The service has improved to Requires Improvement because the improvements found at this inspection had not yet been fully embedded and sustained.

Staff spoke highly of the registered manager and the open and inclusive culture at the home.

Quality monitoring systems were in place which ensured the registered manager and provider had a good oversight of service delivery.

The home was led by a management team that was approachable and respected by the people, relatives and staff.

The home was continuously working to learn and improve the delivery of care to people.

**Requires Improvement** 

# Sidney Gale 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 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 inspection took place on 18 and 19 April 2018 and was unannounced. The inspection was conducted by two inspectors on the first day and one inspector on the second day.

We spoke with and met all of the people at the home. We spoke with five visiting relatives. We also spoke with six staff, two activities staff, one agency member of staff, three duty managers, the provider's service director and the registered manager.

We looked at specific elements of four people's care, health and support records and care monitoring records. We looked at people's medication administration records and documents about how the service was managed. These included four staff recruitment files, agency staff profiles and the staff supervision records, audits, meeting minutes, maintenance records and quality assurance records.

We observed how people were supported and looked at three people's care and support records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

Before our inspection, we reviewed all the information we held about the service. This included the information about incidents the registered manager notified us of. In March 2018 the registered manager had completed a Provider Information Return (PIR). This 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 used this information in the PIR to plan and undertake the inspection.

Following the inspection, the service manager sent us the information we requested about the quality assurance systems, policies and procedures and the registered manager sent us the staff training information.

# Is the service safe?

## Our findings

At our last inspection in August 2017 we found safeguarding allegations had not been reported to the appropriate authorities. Actions to keep people safe had not been consistently implemented to mitigate the ongoing risks to people and to safeguard those people from further abuse. This was a breach of the regulations.

At this inspection, significant improvements had been made to the safeguarding systems and people's safeguarding risk management plans. The registered manager and provider now had full oversight of all allegations of abuse to make sure actions were taken to minimise the risks to people.

People told us they felt safe and knew who to speak to if they were worried, concerned or felt unsafe. One relative told us, "Since the last inspection there are lots of signs around the home reminding people what to do if they suspect abuse". I would speak out if I was ever worried".

Staff had received training in protecting people from the risk of harm and understood the different possible signs of abuse around safeguarding and how to raise an alert. One member of staff told us, "I know how to whistle blow and have done in the past, I would not let anyone come to harm whilst I was working."

We observed staff administering medicines and we checked the storage of medicines and how the stock was managed. We observed people when they received their medicine, which was completed on a person by person basis. The staff explained the medicine and took time to ensure the person had taken their medicine. All the staff required to give medicines had received training in medicine administration and their competency was reviewed.

People had their medicines ordered, stored, administered and recorded safely. When people had medicines prescribed for as and when required (PRN) a protocol was in place to support decisions about administration. An example was paracetamol for pain management. The protocol included the dosage and minimum time between further doses being given. Medicines administered were recorded electronically. The system had in-built safety systems which alerted staff to when people needed medicine, recording the effectiveness of medicines and ensuring correct time gaps were adhered to between medicine doses. When people had been prescribed specialist medicines systems were in place to ensure the additional storage and administration safeguards were met.

Some people required topical creams to be applied. Body maps had been completed for each person indicating where each cream need to be applied and how often. Medicine administration records showed us that people were having their topical creams in line with their prescriptions.

At our last inspection in August 2017 risks to people were not consistently managed. This was a breach of the regulations.

At this inspection, risks to people were assessed and their safety monitored and managed so they are

supported to stay safe and their freedom respected. Actions were in place to minimise the risk of any avoidable harm. This included risks associated with swallowing, falls, skin damage and malnutrition. Equipment was used to support people to remain mobile, to move from floor to floor, such as lifts and chair lifts. Sensor beams were used to alert staff if someone moved in their room who had a falls risk. Staff told us they always followed guidelines on how to move people safely. Staff were observed moving people safely and talking to them in a reassuring manner throughout the transfer. People told us they felt safe when being supported to move, one person said, "They are careful of my legs".

People told us they felt safe and any risks to them were managed. One person said, "I do feel safe, I don't fall, and I get my medicines on time." Another person told us, "Yes I do feel safe here, when walking around or having a bath". A third person told us about the new electronic recording system, "The staff have a new system that they work from, they seem to check on me more now."

A relative said, "They [staff] are good at keeping everyone safe. One person used to live on this floor but they were worried as they kept going to the stairs and lift. They moved them downstairs so they were safer".

At our inspections in January and August 2017 we identified that there was a high use of agency staff at the home. At this inspection, there was a significant reduction in the amount of agency staff used. The weekly use of agency staff had reduced by two thirds and new staff had been appointed.

The registered manager used a dependency tool every month to assess the staffing levels. People, staff and relatives told us they thought there were enough staff. One person said, "I think there is enough staff, well they always come when I want something." One relative told us, "Since the last inspection staffing has improved, there are not so many agency staff these days". Another relative said, "Following the last report some staff left, but staff morale has improved." Staff told us staffing was sufficient. One member of staff told us, "We do use agency sometimes, but normally the same ones."

At our last inspection we found shortfalls in the information sought for agency staff and recruitment of staff. This was a breach of the regulations.

At this inspection, we reviewed the last four recruited staff's records and the information about agency staff and found the systems had improved. Staff were now recruited safely and information was sought for agency staff to make sure they were safe and suitable to work with people. An agency member of staff told us, "I love working here, I have to carry my paperwork with me to show who I am. I have regular checks by my line managers."

People were protected from avoidable risks from infection as staff had completed infection control and food hygiene training. We observed staff wearing gloves and aprons appropriately and hand sanitizers and moisturisers available at points throughout the building. Staff understood actions to take if someone is suspected of infectious disease and required barrier nursing. All areas of the home were clean and odour free.

People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency. Systems were in place to ensure equipment such as hoists, slings, fire equipment and lifts were in good order and serviced appropriately. Staff were clear what to do in an emergency such as fire. All fire exits were clear.

The registered manager and staff told us there was now a positive culture about learning lessons from incidents, accidents and safeguarding. For example, a duty manager told us following the last inspection

they had reviewed their own safeguarding practice. They had attended further training and they told us they would now manage and report any safeguarding allegations differently. We also reviewed the new safeguarding investigation and tracking record implemented following the last inspection. The quality of the recording and investigations had improved significantly. This meant there was a clear audit trail from the initial allegations through the investigation and outcome of the investigation. There was also a questionnaire for people to review their experiences of going through the safeguarding process.

## Is the service effective?

### Our findings

People's needs were assessed before they moved into Sidney Gale House. We discussed equality, diversity and human rights with staff and the registered manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. People's assessments included all aspects of their needs including characteristics identified under the Equality Act. This made sure the service was able to meet their care, health and support and cultural needs and provide them with individualised care. However, following discussions with the registered manager we identified that further work was needed to raise both staff and people's awareness of the needs of people who identified as LGBT+. This was an area for improvement to make sure people felt comfortable and welcomed at the home.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and duty managers understood when DoLS applications would be required and had made appropriate applications. There was system in place for making early applications for people's DoLS authorisations that were due to expire. Some people had DoLS conditions that needed to be met. There were not any systems in place to record, monitor and review that these conditions were being met and to ensure that all staff were aware of the conditions. This was an area for improvement. The registered manager took immediate action to include whether people had conditions on their monitoring spreadsheet. They told us following the inspection they had implemented a way of staff recording on people's electronic record system if their conditions were being met. This included a four weekly review. We have not yet been able to test this action has been sustained.

Some people's assessed dietary needs were not always taken into consideration. For example, one person seemed sleepy at the dinner table and was not eating. We observed staff giving verbal prompts to encourage the person to eat, but staff did not stop to sit with the person. One member of staff told us, "They have been refusing to eat their dinners quite often lately, but like a pudding". The person's care records stated the person was a 'diet control diabetic' and needed to have a healthy balanced diet to keep them well and to prevent a diabetic hypoglycaemia. Although the person records showed that they were not always eating their meals, concerns had not been raised into the seriousness of this which could make the person unwell. We discussed our concerns with the registered manager, who immediately alerted staff to ensure they informed the senior member of staff if the person had not eaten their dinner. The monitoring of people's dietary needs was an area for improvement.

Staff asked people what they wanted for their meals the day before. Those people living with dementia who could not recall or make verbal choices may have benefitted from being able to make visual choices of their food and drinks.

Staff regularly gave people drinks and snacks. However, people did not have free access to snacks and drinks that they could help themselves to when they wanted them. This is particularly important for people

living with dementia who are more likely to eat and drink if food and drinks are visible and easy to pick up.

Plain white or cream crockery was used throughout the home and these were placed on contrasting coloured table cloths. Specialist lipped/guarded plates were used so that people could eat independently. Where people who were living with dementia found it easier to eat with their fingers they were given easy to eat finger foods. However, people living with dementia and or sight loss may have benefitted from eating and drinking from brightly contrasting coloured crockery. This is because research has shown the food and drinks are easier to see and people subsequently eat and drink more.

Making changes to the way people living with dementia choose their meals, using coloured crockery and implementing free access to snacks and drinks were areas for improvement.

Staff we observed throughout the day interacted well with people and provided safe and effective support. People were offered the same choices and received the support they required showing there was no discrimination based on people's perceived abilities. People told us, and we observed that staff assisted them to make their own decisions. People's consent was obtained before they provided the support and the person's decision was respected.

Staff told us they had regular supervisions, and felt able to learn and develop through their one to one conversations. One staff member said, "We normally have monthly supervisions and staff meetings. You can share information freely". Another told us, "We all know our roles and supervision is a way of checking. We have regular senior meetings as well."

New staff completed an induction and on-going training that provided them with the skills to carry out their roles. Training had included person-centred care, emergency first aid, health and safety and moving and handling. The registered manager told us all staff who did not have a current qualification or were new to care completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. Training had also been completed which was specific to people living at the home. A duty manager told us they had recently completed a virtual training course on living with dementia. They told us, "The training was powerful and was a massive eye opener for me. When [person's name] shouts out I think back to the training and can see why. The training has changed my practice." The registered manager had identified that staff would benefit from further dementia awareness training.

People told us and relatives confirmed their needs were consistently met by competent staff. People spoke very highly of the service. People told us they felt well cared for and received the care and treatment they needed to meet their needs and respect their wishes.

Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. One person told us they had recently had dental issues, and had to make sure they brushed their teeth. A care worker discussed the importance of following the guidance from the dentist to the person.

At our last inspection we found people's rights were not protected because staff had not consistently acted in accordance with the Mental Capacity Act 2005 (MCA). This was because MCA assessments were not consistently completed and no best interests' decisions were recorded.

At this inspection, staff had training and full understanding around MCA. Decisions that were made in people's best interests were now assessed and recorded. One relative told us they had been consulted and

involved in the best interests decisions in place for their family member. Another relative told us, "We have LPA (Lasting Power of Attorney) we are involved in reviews and consulted in regards to [relatives] care." In addition, a duty manager told us, "I have recently completed a review where we looked at capacity for one person. I disagreed that the person did not have capacity as they clearly have capacity to make some decisions in their life. The person was able to demonstrate in the review meeting where they were, who people were, where they used to live." The person's records now showed they had varying degrees of capacity.

Staff felt their new electronic recording systems supported them to be more effective in the support the offered to people. For example care worker told us, "There have been lots of changes in our systems and the way we work. I think it makes us more effective and accountable".

People had their eating and drinking needs met. Most people told us they enjoyed the food but some people told us they did not always like the meals. However, they said they were always offered an alternative. There were three choices of the main meals and menus were displayed on each table.

Since the last inspection the registered manager had completed a dementia audit tool and this had highlighted areas for improvement for the service including making the environment dementia friendly. These changes had started to be implemented. Signage was in place for people to navigate their way around the home, such as toilet signage and exits. Contrasting coloured toilet seats had been fitted to make the toilets easier to see. Memory boxes were in place outside people's bedrooms on the ground floor and people had been consulted about how they wanted to decorate their bedroom doors so they resembled their own previous front doors.

The home was spacious with ample space for people who used wheelchairs or mobility aids. Communal areas were set out with easy chairs, televisions or radios were available for people to watch or listen to. New furniture had been purchased since the last inspection. Communal areas had been redecorated and people had been involved in choosing the décor. People had personalised their bedrooms and they were decorated as they wished. People had access to the gardens, and told us they enjoyed walking around the grounds. People and their relatives were actively involved in the planting of the garden.

Working relationships with other organisations supported effective care outcomes for people. Examples included working with district nurse teams, physiotherapists, dieticians and community mental health teams. For example, following GP visits to people instructions were followed and added to the electronic recording system for people. Alerts were sent to all staff telling them of the outcome of the visit and the changes in treatment made by the GP.

## Is the service caring?

### Our findings

At our inspection in August 2017 we identified that people's preferences in relation to gender of care worker was not consistently respected. At this inspection people and staff told us that these preferences were always respected. The information was recorded in people's electronic care plans and their preference of gender of care workers was recorded on the handover sheet provided to agency staff.

Interactions between staff and people were respectful and involved the person in decisions. Throughout the inspection we observed staff explaining their actions to people, giving people time and listening to what they had to say. People who needed an independent representative to speak on their behalf had access to an advocacy service.

We observed that staff checked on people's well-being throughout the day. Staff greeted them, with conversations and a smile. Staff were observed ensuring people could see and hear them bending down to their level to hold conversations. People living at the home told us they felt they were listened to. Comments included, "They know what I like", "Very nice staff always helpful and kind to me. I hope they [staff] get a good report they deserve it."

Staff showed concern and consideration for people's wellbeing. For example, checking they were comfortable. If they did not wish to have any care at the time staff were heard to say, "Shall I pop back in a minute". We observed one person who did not wish to get up, but later was seen sitting happily in their chair. They told us they felt, "Much better this afternoon." This meant people were able to choose when and if they wanted the support staff were offering, and their needs were being listened to. Another person told us, "We don't have a problem of being well looked after here." "The staff are lovely and do help me but I try to do as much for myself as I can. They seem to respect that."

Families were able to visit at any time and described staff as welcoming. They told us they were invited to help themselves to drinks. Relative comments included; "This is such a lovely home, I love spending time here with [relative] there is such a lovely warm atmosphere. I have a coffee and chat, there are always staff about.", "You see and hear the residents being well looked after." and, "Our family are included and we now see the home as part of our family unit. They have made space available for family celebrations so Mum can still be involved as she would have done at home. It's a real home from home."

Staff ensured people's dignity and privacy was maintained by carrying out personal care in their bedrooms. Staff discreetly encouraged people to use the toilet when they noticed people looking uncomfortable or unsettled. Staff made sure people's clothing was appropriately arranged when they were being hoisted from their chairs to their wheelchair to ensure their dignity was maintained.

Staff had a good knowledge and were respectful of people's individual lifestyle choices. People had their religious and spiritual needs respected and examples included people attending local church services and having their choices respected at religious holidays. One person's care plan stated, it was very important for their faith to continue with communion. The person was no longer able to visit their church, but did receive

communion in the home. One person was observed to come in and play the organ in the lounge area. We were informed they played for the home at monthly church service or Christmas.

## Is the service responsive?

### Our findings

People had electronic care plans which reflected their personal care needs and choices and were reviewed at least monthly. People's care plans included any equipment that was required to provide care such as specialist mattresses, sensor beams, or hoists. The electronic care plans were supported by key important paper records so information could easily be shared with agency staff and any other health and social care professionals.

Staff were very knowledgeable about people and were able to tell us about people as individuals and what their care, support, emotional and social care needs were and how these needs were met. People's care plans included easy to follow guidance for staff and were very personalised. There were details regarding people's life history and experiences. In addition for some people living with dementia a 'This is me' document had been completed. 'This is me' is a tool used to record details on the person's cultural and family background; events, people and places from their lives; preferences, routines and their personality.

People and their relatives or representatives were involved in their annual reviews. These reviews recorded everyone's contributions and had been supported by photographs so the person had a visual reminder of activities or day trips they had participated in. A relative told us they had recently been invited to their parent's review. They said they felt listened to and involved particularly about their parent's changing needs who was living with dementia. They said, "It's wonderful to see Mum at a good level of contentment. It's a great relief for us all".

At our last inspection in August 2017 we identified that people who were living with dementia or did not communicate verbally did not have their pain assessed using any recognised pain assessment tool. These tools are used to assess people's pain levels if they cannot verbalise if they are in pain. This is important because people living with dementia may not always be able to say or show when they are in pain. At this inspection a pain assessment tool had been included on the electronic recording system for people. It prompted staff to undertake a pain assessment for people to ensure they received suitable pain relief. Staff said this was much more effective and they felt those people's pain was better managed since the introduction of the tool.

Staff told us communication had improved and they were now much more responsive to people and their changing needs. Information was shared, listened to and acted on by the management team at handovers and staff meetings. For example, one senior carer told us, "I like the meetings they are open and honest. We can talk to the manager and suggest things. They listen". They gave an example of making a suggestion that creams were kept in people's room so they didn't get missed when people were receiving personal care. They said, "We have no excuses not to apply the creams now". This was supported by the electronic recording systems that also prompted staff to make sure they applied people's creams.

People had opportunities to take part in activities both at the home and in the wider community. People said there was enough to keep them occupied. Those people who chose to spend time in their bedrooms told us they were given the opportunity to join in group activities if they wanted to. There were two activities

co-ordinators who worked Monday to Friday. There was a planned programme of activities that was based on people's preferences and interests. People were given a copy of the flyer for the week's activities and this was also displayed on the notice boards. Activities for the week of the inspection included painting, flower arranging, external entertainers; exercise sessions, a weekly film show in the cinema and trips into the local community.

During the inspection, people participated in a knit and chat session and an afternoon painting session. People told us they had enjoyed their morning chat and afternoon painting. The activity coordinator told us, "We find out what residents want to do at the residents meeting. We try to have a mix of activities inside the home and external entertainers." The activity coordinators told us they now had access to a mini bus and driver and there were monthly trips out. One relative said they wished people were able to go out more. However, this contrasted with feedback we received from other relatives who told us they accompanied their family member on the regular monthly trips out. They had recently been to a local farm centre.

Complaints leaflets were displayed in the main entrance to the home. These were also supported by posters with photographs of key staff people could raise concerns with such as the registered manager and service director. People and relatives told us they knew how to complain. No-one raised any concerns or complaints with us. We reviewed the complaints records and there had been one complaint received since the last inspection. The complaint had been investigated in line with the provider's complaint procedures.

The home had been accredited and achieved a 'commend award' in The Gold Standards Framework (GSF) in End of Life Care. This is an accredited training programme and award that aims to result in a better quality of care, proactive planning, working with GPs, staff morale and more advance care planning for people. The registered manager told us they were applying for the service's revalidation of the GSF.

There was one person who was receiving end of life care at the time of the inspection. Anticipatory medicines were in place alongside a comprehensive care plan to ensure the person's comfort. We reviewed the advanced end of life care plans and electronic records for people. They had end of life care plans that gave staff important information that they would like to be followed at this time.

# Is the service well-led?

## Our findings

At our previous inspection we found the home was not well-led. During the August 2017 inspection the new registered manager started working at the home. The provider's operations managers were also present in the home to provide support to the registered manager and staff whilst they worked through the action plans to improve the service.

At this inspection, we found that actions had been taken by the registered manager and provider, and improvements had been made to meet all of the regulations. There were some areas for ongoing improvement for example regarding equality and diversity awareness, the monitoring of people's Deprivation of Liberty Safeguards (DoLS) conditions, the consideration of people's dietary needs. We have not yet able to tell whether the significant improvements made since the last inspection have been successfully embedded and sustained. This is why we have rated the service requires improvement overall. We will review the impact of these improvements on people and staff further at our next inspection.

People, staff and relatives told us the culture of the home had improved and changed for the better. They all felt the home was now well-led. One member of staff said, "Since the last inspection we all took the rating to heart. But it has been good for us, as so many positive changes have happened". A duty manager told us the registered manager was, "A joy to work with and the communication between the team has improved beyond belief".

A relative told us, "The last CQC report was such a shock, we as a family were upset. The summary sheet was upsetting. However things have changed, the initial look of the home has lifted. Staff morale is high." Another relative said, "This is a home the local people want to see do well again. There are lots of signs around the home now to remind us about reporting anything if we didn't like. We would".

Everyone we spoke with told us about the improvements since the last inspection. They gave examples of more consistency within staffing levels and less agency workers. One care worker told us, "It's a different home to last year, staff are happy now. We have back up now." A relative said, "Staffing levels have improved since the report, there is lots of laughter. The new manager is very good."

Staff told us they now felt appreciated in their roles and spoke enthusiastically about both the people they cared for and their work colleagues. Comments from staff included. "We have a very good manager, senior managers come around the home and speak with us", "Since the new manager came we have an open door approach, information is shared with us, we know what is happening.", "We have regular meetings our new manager is great.", "This home needed some TLC and it has had it." and, "There is always a lovely atmosphere it is a pleasure to work here."

People and relatives were consulted and involved through meetings and surveys. The meeting minutes and surveys showed that people and relatives were very satisfied with everything at Sidney Gale House.

The registered manager told us they were very proud of the staff team and how they had pulled together to

make all the improvements needed at the home. They identified there were still some areas to improve on such as undertaking unannounced spot checks, further dementia awareness training for staff and staff becoming dignity champions.

Since the last inspection the provider has undertaken a full review of their quality assurance and governance systems for all of their services. This was because the previous governance systems had not fully identified the shortfalls found at the previous inspection. The provider's review included appointing a quality assurance manager, quarterly provider meetings with representatives from each of the care homes, registered managers meetings, and the provider's operations managers and service director regularly visiting the homes and talking with people, staff and relatives.

The lessons learnt from the shortfalls found at the last inspection have been shared across all of the provider's services to minimise the risks of it happening again. The service director told us the provider was also reviewing the audits that were in place at services to make them more effective. We recommend the provider continues to review and assess the effectiveness of their quality assurance systems so that any improvements can be embedded and sustained.

As part of the provider's quality assurance systems there were monthly visits by the provider's operations managers who met with the registered manager, people, some staff and reviewed a sample of people's and management records. These monthly records detailed the discussions with staff, people, the registered manager and the outcome of their checks on a sample of the records. From these visits actions were identified for the registered manager. These were then followed up at the next visit to make sure they had been completed or were in progress. Following the last inspection the operations manager now sampled management records, accidents, incidents and safeguarding records so they were fully aware of what had been happening at the home.

In addition, the provider appointed an independent person to complete a 'mock' inspection and from this a further development and action plan was produced.

Any compliments received at the home were entered onto the provider's paper and electronic database and shared with the operations managers during their monthly visits. Compliments were also shared with individual staff and shared on the staff noticeboards.

The service's CQC inspection rating was displayed as required in the front entrance of the home and on the provider's website.

At our last inspection the provider and registered manager had not notified us of events as required by the regulations. This was a breach of the regulations and we issued a fixed penalty notice. Since the last inspection we have notified of all significant events as required.