Four Seasons (No 9) Limited

Hallgarth Care Home

Inspection report

Hallgarth Street
Durham
DH1 3AJ
Tel: 0191 3832244
Website:

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 8 and 9 July 2015 and was unannounced. This meant the provider was did not know we were inspecting the home at that time.

We last inspected Hallgarth on 2 June 2014 and found it was compliant with our regulations.

Hallgarth is registered with the Care Quality Commission (CQC) to provide care for up to 60 elderly people including nursing care. At the time of our inspection there were 48 people living in the home.

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

We found staffing levels at the home were appropriate for the number of people living there. However, staff were always busy and didn't have much time to sit and chat with people who used the service. Following a conversation with the organisation's managing director (MD), it was agreed that one additional carer would be on duty each day with immediate effect.

Summary of findings

We found people's medicines were not well managed and required improvement. This is a breach of Regulation 12 (1) (g) HSCA 2008 (Regulated Activities) Regulations 2014

We saw the home had in place personal emergency evacuation plans (PEEPs) displayed close to the main entrance and accessible to emergency rescue services.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service, including; Safeguarding, Clinical Commissioning Group (CCG), Infection Control and Commissioners of services. Numerous concerns had been raised by these professionals. However, they subsequently told us following their own inspections to the service that some improvements had been made but more were needed. All told us that the new manager was very effective and had strived to make improvements to the service. Further monitoring visits were planned by these organisations. However, we saw that the registered manager worked in partnership with other professionals to make improvements to the service

We found the home had robust cleaning schedules in place to prevent the spread of infection.

The provider had worked within the Mental Capacity Act 2005. We saw that all people living in Hallgarth had undergone 'consent to support' and Mental Capacity Act assessments to identify their capacity to consent to their care. We also saw Deprivation of Liberty Safeguards were in place.

We observed staff speaking with people in kind, respectful and reassuring ways. People told us they felt their dignity and privacy were respected by staff.

We also reviewed five people's care records, we found two plans were not completed in enough detail to reflect people's care, treatment and support needs. We told the provider to make immediate improvements to ensure people's care, treatments and support plans were up to date. This is a breach of Regulation 9 (1) (a) (c) HSCA 2008 (Regulated Activities) Regulations 2014

This is a breach of Regulation 9 (1) (a) (c) HSCA 2008 (Regulated Activities) Regulations 2014We spoke with 15 people who used the service and four relatives of people who used the service. We also spoke with the registered manager, the regional manager, four care staff and the cook.

During our inspection we observed how the staff interacted with people who used the service.

We saw a notice board which displayed information about the activities for that week. During our inspection we found lots of various activities taking place.

We found the provider had audits in place to measure and monitor the quality of the service.

We saw the provider had in place a complaints policy in place and this was clearly displayed for people to see.

We found two breaches under regulations associated with the Health and Social Care Act 2008, and Care Act 2014.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe.

There were not enough arrangements in place to ensure people received medication in a safe way.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

Staffing was arranged to ensure people's needs and wishes were met promptly. The MD made arrangements for one additional care staff to be on duty each day.

Is the service effective?

Good

The service was effective.

Staff received training and development and formal supervision and support from the registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

Is the service responsive?

Requires improvement

The service was not responsive.

Care plans did not fully reflect people's current care, treatment and support needs.

Summary of findings

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure in place.

Is the service well-led?

Good

The service was well- led.

The home had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was very approachable and they felt supported in their role.

People who used the service were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

Hallgarth Care Home

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.

The inspection took place on the 8 and 9 July 2015 and was unannounced, this meant the provider and staff did not know we would be visiting. The inspection was led by two Adult Social Care Inspectors, a Specialist Nurse Advisor and a Pharmacist Inspector.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquires received.

We looked at how people were supported during their lunch. We did this to help us see what people's mealtime experiences were. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given to them by the staff. We also reviewed staff training records, and records relating to the management of the service such as audits, surveys and policies. We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations in the community.

Before the inspection, the provider 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 planned to make.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, “Yes, I feel very safe living here.” Another said, “I have no concerns about my safety, I feel secure and protected living here.”

We saw the provider had a safeguarding policy and procedure in place. These were kept in the office and were easy for staff to find if they needed to refer to them. This meant staff had easy access to guidance on what to do if they had concerns about a person’s wellbeing.We spoke with five members of staff. The staff described clearly what action they would take in the event of a safeguarding matter coming to their attention. They were also clear about their roles and responsibilities in this area. The staff all told us that they had completed training about safeguarding adults and we saw this in their training records. This meant people who used the service benefitted from staff who knew how to report and respond to suspected abuse.We looked at the provider’s accident and incident records and found that any incidents occurring in the home were appropriately documented. We also looked at notifications submitted to the CQC and confirmed that these corresponded to the accident, incident and safeguarding reports. This meant the registered manager was responding appropriately to incidents that occurred in the home and people were protected from harm.

During our inspection we found important information was always checked to make sure those using the service would not be placed at risk from staff that were unsuitable to work with vulnerable people. For example, the staff recruitment procedures we looked at ensured there would be references to verify people’s previous history and satisfactory evidence of their conduct in previous employment. This meant the provider could clearly demonstrate they made robust reference checks to make sure only suitable staff were employed by the service. For example,we saw people would be subject to a Disclosure and Barring Service check (previously called Criminal Records Bureau (CRB) to make sure they were suitable to work with vulnerable adults. All these measures ensured the provider had robust recruitment procedures in place to protect people who used the service. The content of the staff induction and probationary period were seen to be robust, detailed and service specific. The service only confirmed permanent employment when they were satisfied with staff competence to do the job properly.

Medicines were only handled by members of staff who had received training. This included checking stock, signing for the receipt of medicines, overseeing the disposal of any un-needed medicines and administering to people. The medication policy was contained in a file alongside the latest National Institute for Clinical Excellence (NICE) guidelines regarding medicine administration in care homes, as well as now outdated guidance on the subject from the Nursing and Midwifery Council (NMC) from 2002. People’s care records contained details of the medicine they were prescribed, any side effects, and how they should be supported in relation to medicine. However, where people were prescribed medicines to be taken on an ‘as required’ basis, often known as ‘PRN’ medicine, there was not enough detail or fully completed guidance about when they should be used, either in the Medication Administration Records (MARs) or in people’s care plans. We did a stock check on people’s 16 people’s medicines, we spoke with the nurse on duty and a senior carer. We found stock for some did not tally with the records kept and hand written entries did not always have two staff signatures. Body maps were not always used for the application of topical creams, despite this practice being stipulated in the medication policy. We saw the providers medicines audit team had been visiting the service weekly to carry out what were described as detailed audits. We found these audits had failed to identify many of the discrepencies identified by CQC. We saw records of the most recent audit carried out on 6 July. A few errors had been highlighted but nothing that could be compared to our findings. All the discrepencies that we found during our inspection were fortunately relatively minor and not life threatening. We told the provider that immediate improvements were required. On the second day of our inspection, the ‘as and when’ required guidance had all been up-dated by the registered manager, she had also started to put right the errors identified on the previous day and had arranged additional medicine training for staff to ensure robust systems would be sustained.

One relative told us they relative did not feel consulted by staff about medication changes.

Requires improvement

Is the service safe?

Staffing levels were reviewed both routinely and in response to the changing needs of people using the service. The registered manager told us that staffing levels were regularly assessed using the providers 'care home equation for safe staff' (CHESS). This was used to assess whether enough staff were on duty to meet people's needs and keep them safe. The registered manager demonstrated how the provider used this tool which reflected the relationship between people's dependency needs and staffing levels, including the right mix of skills, competencies, qualifications and experience. However, we noted lots of call bells ringing frequently and when observed more closely, we found staff were extremely busy on the nursing and the residential units and staff were observed to be 'rushing' at times to respond. Staff also told us it was: **"**Stressful here at times." "Feel as though we are chasing our tails." " Too many agency staff."

When we looked at the design of the home, both units were spread across two large wings, making observations and monitoring of people difficult for the number of staff on duty. We spoke with the MD for the organisation about this, she immediately agreed to have one additional carer to be on duty across the day who could float between both units. This demonstrated that the provider had listened and acted appropriately about staffing levels in the home. We asked the provider to ensure the additional staffing levels would be sustained. We were told that no changes would be made without further discusions with CQC.

There were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, lounges and bedrooms and bathrooms were clean, pleasant and odour-free. We saw arrangements were in place to refurbish the nurse's office on the first floor. Staff confirmed they had recently received training in infection control. We saw the home had procedures and clear guidelines about managing infection control. There was an infection control champion who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection. The staff had a good knowledge about infection control and its associated policies and procedures. The infection control team told us they were satisfied with the improvements the registered manager had made to reduce the risk of infection.

Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments and evacuation plans were in place, fire drills took place regularly, fire doors were closed and fire extinguisher checks were up to date. This meant that appropriate checks were carried out to ensure that people who used the service were in a safe environment.

Good

Is the service effective?

Our findings

People's described the service as consistently good.

This service had a diverse staff team that had a good balance of skills, knowledge, and experience to meet the needs of people who used the service. We saw the manager prioritised training and facilitated staff members to undertake e-learning training which was monitored by the organisation. We saw the provider carried out internal developmental training, to complement formal training as part of their ongoing training plan. For example, end of life care, health and safety in the work place, infection control, skin care and dementia awareness. When we spoke with staff, they told us they didn't always have time during their shift to complete their e-learning and that most had to complete this in their own time at home. The managing director for the company subsequently told us that she would investigate this and if this was the case, she would ensure staff were paid for any training completed in their own time.

The staff team supported each other and shared their skills and knowledge with colleagues. A member of staff said, "We learn from each other which is a good thing and we get very good support from the registered manager." She said that since the registered manager had come into post six months ago, she had made significant improvements to the service and this had improved staff morale in the home."

The roles and responsibilities of staff were clearly defined and understood. Each member of staff had an accurate job description with clear specifications about what was expecred of their role.

People who used the service were relaxed in the company of staff; we saw they were able to communicate with them freely and easily. People who used the service consistently told us that they were having their needs met by staff that supported them well and in their preferred way. However, several said that the staff worked very hard, but were very busy all of the time. We saw staff communicating effectively with people. However they had little time to sit and talk with people because they were so busy and task orientated. Having the additional member of staff on duty across the day will help to alleviate this happening.

We saw that the premises had been adapted to meet people's varying health and physical conditions. However, several people were living in the home with various stages of dementia and we found little thought had been given to create a dementia friendly environment. The regional manager told us she would take this on board and consider making improvements such as signage, symbols and the use of colour.

When we spoke with staff about people's individual support needs, they told us personal support was flexible, and how they were able to meet the changing needs of people. For example specialist advice was sought to ensure the effective use of equipment. This ensured people were issued with aids and equipment where necessary to encourage and maximise their independence. We saw all equipment was regularly serviced and maintained in accordance with the manufacturer's instructions.

Individual supervision sessions took place regularly and staff told us they found these useful for their personal development. Appraisals were also used to develop and motivate staff and review their practice and behaviours. We were told by other professionals that the registered manager had been very proactive in making improvements this area.

We saw that people were always asked to give their consent to their care, before any treatment and support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. We saw that people who used the service and their relatives and friends were informed of how to contact external advocates who could act in their best interests. We saw this had been succefully used in the past for one person.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager, who told us she had considered the impact of the recent Supreme Court decision about how to judge whether a person might be deprived of their liberty and had attended

Good

Is the service effective?

training arranged by the local authority. The manager told us she had prioritised which people to apply for DoLS based on risk. She showed us the DoLS file and we saw that 11 applications had been submitted to the local authority. We also saw copies of relevant mental capacity assessments and best interest's decision forms in people's care records.

The provider promoted and maintained people's health and this ensured people had access to health and social care services to meet their personal assessed needs. For example, all people had access to specialist medical, nursing, dental, pharmaceutical, chiropody, therapeutic services and care from hospitals and community health services including, hearing and sight tests, and appropriate aids according to their need. This contributed to people experiencing positive outcomes regarding their health.

At lunch time we saw care staff were supported by housekeeping staff to provide people with the support they needed offering choices throughout. We saw staff had time to provide people with the support they needed. We saw staff encouraging and assisting one person to eat. This was done in a very discreet and sensitive way. We also saw people were allowed the time they needed to finish their meal comfortably. Everyone we spoke with complimented the food. One person said, "The food is good, there is always a choice available and hot and cold drinks if we want one." People confirmed there was a different menu every day. We spoke with catering staff. They had very good knowledge of people's preferences and special diets.

We looked at the care records for five people. Each file contained a nutritional assessment called 'malnutrition universal screening tool' (MUST). We saw people's nutritional needs were regularly monitored and reviewed. The assessment included risk factors associated with low weight, obesity, and any other eating and drinking disorders. We did see one person who had lost weight on two consecutive months, however the current care plan did not relect this, we later saw this had been addressed in this persons old care plan, but had not been transferred onto the new format. This was addressed immediately by the registered manager.

Good

Is the service caring?

Our findings

One person commented, "I am very comfortable with my personal care. They let me do what I can and I like that. I'm quite happy here." Another person told us much had improved since the registered manager had come into post. They said, "The manager was very caring, she has made sure that the meals had been improved and the hygiene in the home." Four relatives we spoke with were very happy with the care and support provided. Comments included "It's a fantastic place especially since the new registered manager and the new nurse came into post. We are very happy." "I feel lucky, we couldn't get a better place for my wife, I visit every day, and it's a really good home." "The staff and the registered manager strive to give my mother good care and the staff are dedicated. They are so patient and understanding." Relatives told us staff were kind, caring and respectful. They had no concerns regarding the care and support their family member received. They said the registered manager was always available, approachable and went "the extra mile." Relatives also said that the registered manager made the effort to keep in regular contact with them about their family member's care and well-being. Other comments included; "I wouldn't have my mum anywhere else. I am 100% confident with her care." "Staff are excellent, but poorly paid."And "It is a pleasure to come here."

One person who used the service thought all the staff were good. They commented, "Although the staff are very busy, they are always very respectful, very kind and they always knock on my door." Respect was a common theme throughout our discussions with people. Another person told us, "I am very concerned about my health condition and the staff are very careful and very discrete when assisting me. I never feel embarrassed in any way." Other comments included, "I am very comfortable with my personal care. They let me do what I can and I like that. I'm quite happy here." Another person told us, she had expressed a wish not to have a male care worker for her personal care, so she always had a female carer.The overall impression was that everyone thought those who lived at the home received good care from a good staff team.

We saw staff were consistent in their use of positive behaviour approaches for one person. The registered manager said staff worked hard as a team to be consistent in their approach to support positive behaviour management and this had resulted in a marked reduction in behaviours that may be seen as challenging and cause the individual distress. Interactions we did see were done calmly and staff treated this person respectfully, were caring and attentive.

Staff we spoke with were knowledgeable on how to meet people's needs. They were able to explain to us how they maintained people's dignity and privacy when supporting them with their personal care. Care records seen incorporated the importance of respecting people's privacy and dignity, particularly when providing intimate personal care. Relatives we spoke with told us people were always treated with dignity and staff checked with them before they gave support or help. This was also confirmed when we spoke with people who used the service. One person said, "The staff are very good, they respect my wishes and I am always treated with dignity and respect."

When supporting people and when they had time, staff gave them their undivided attention and focused on their individual needs. They understood people well and knew their personal history and background.

Some people had previously had personal advocates to help them express their wishes. For one person this had been beneficial during a best interest meeting This was to ensure there was an independent "voice" to support the person and act on their behalf during this time.

The Statement of Purpose and Service Users' Guide provided people with clear information about the aims and objectives of the home and the facilities and services available to those who lived at Hallgarth. These documents were available in each bedroom, so people could refer to them whenever they needed. An abundance of relevant information was displayed in the foyer of the home.

Records showed independence was promoted, so that people were supported to be as active as possible, in order to maintain self-reliance, as much as they were able.

Relatives we spoke with told us they were always made to feel welcome when they visited. They felt an important part of the support for their relatives was being fully involved with their care and everyday activities. We observed the atmosphere in the home to be very friendly and extremely cooperative. Relatives we spoke with told us they were kept informed about their family members and were fully involved in the planning of their care.

Good

Is the service caring?

There were no restrictions on visiting times and some visitors stayed all day. One relative told us she visited her mother every day told us, “I think the special thing about this place, and it’s one of the things that stands out, is that the registered manager and staff attitude is excellent.”

The registered manager told us they involved people in decisions about their care but also involved their relatives, (with the person’s consent). She told us the relative had often been the person’s main carer, and as such provided valuable information about the person and contributed to ‘This Is Me’ document, depicting the persons life history.

At the time of our inspection, no one was receiving end of life care. We saw the provider had detailed policies and guidance regarding people who required such care.

We saw some people had a planned end of life care plan in place which informed the staff about how they wished to be supported before, during and after their death. Some people had a DNAR document in place which had been drawn up with themselves, family members and their GP.

We saw a letter from a GP who praised the staff for the way they had cared for one of his patients. He said, “I was impressed with the compassion and ability with which they were nursed in their final days.”

Requires improvement

Is the service responsive?

Our findings

On the first day of our inspection, we looked at five care and support plans for people who used the service. We saw the provider had recently introduced a new corporate care plan format. Information was being transferred from the existing plans. For three people we saw people's needs were assessed and care and support was planned and delivered in line with their individual needs. However, two of the care plans did not fully reflect people's current care, treatment and support needs. We subsequently saw on the second day of our inspection that important information about a persons nutrition had not been transferred from the old plans accurately. Another person who displayed challenging behaviour, did not have enough information recorded to show staff how to manage this person's behaviour safely. This meant people's current needs were not easily accessible and this could cause confusion in the delivery of their care. We have asked the provider to make improvements.We saw the care plans included sections for; family information, how people liked to communicate and be communicated with, nutritional needs, likes, dislikes and what was important to them. The information covered all aspects of people's needs and associated risks however; we found both the new and old care plan formats to be complex and lengthy, the inspection team felt they did not clearly guide staff easily on how best to meet people's needs. This issue would be particularly relevant when agency staff were deployed. In addition, we have asked the provider to make sure staff were not rushed and had time specifically allocated to them to make sure all relevant information was recorded and transferred accurately onto the new care plans. The regional manager said she would consider arranging staff supernumerary time in order for this to happen.

We found the provider had in place a complaints policy and saw people had made complaints. People were aware of the complaints policy and told us if they had a complaint they would go to the registered manager. One person said, "I have been to her a few times and she acted on it, since she came into post, things have really improved." During our inspection we heard a relative complain to the registered manager about issues and actions which they felt had not been carried out. This meant people had mixed experiences of using the complaints process. We looked at the complaints file and found there were two complaints that had been logged, both of which had been investigated and resolved by the registered manager. This meant where people had made a formal complaint the registered manager had taken action.

The home employed an activity co-ordinator who organised activities for people on an individual and group basis. Information about the daily activities were displayed on a large board in the communal areas. We saw records which showed people had joined in a range of activities such as helping with the patio garden, mosaic-making and growing sunflowers from seed, quizzes, exercises to music, dominoes, crafts and sing-alongs. One person told us they were sometimes escorted on shopping trips. Another person said they enjoyed playing card games with staff and trips out in the mini bus, which they liked a lot. We saw one person was reading a magazine and others were listening to music. A further person told us, "There's always plenty going on when the activity person was on duty." We saw that people had an opportunity for involvement with community groups. For example a community poetry group visited the home weekly, university students provided regular entertainment and did lots of fund raising for the home, the womens institute were also regular visitors and a violin school visited on a regular basis and a church service and communion were held every two weeks.

One relative told us their family member enjoyed joining in with sing-alongs. They said the activity coordinator was amazing at her job.

Most relatives told us they could visit at any time. Relatives said they were always made to feel welcome and that they could help themselves to beverages. The manager told us almost everyone living in the home had friends or relatives who kept in touch, and where necessary people were supported to do this. We asked about people who were at risk of social isolation (and did not want to participate in group activities). The manager and two staff told us people's wishes were respected, however people were offered person centred activities and one to one support and by maintaining family networks, community interests and social links.

This meant people had the opportunity and were able to enjoy a stimulating lifestyle with a variety of options to choose from.

Requires improvement

Is the service responsive?

In addition we saw each person had a relevant information, sometimes referred to as a hospital passport completed.

This meant if a person needed to go into hospital other health and social care professionals would be made aware of people's support needs and current treatments that were best for them.

Good

Is the service well-led?

Our findings

At the time of our inspection the home had a registered manager in post, she had been in post since December 2014. We saw leadership in the home was good. We saw the registered manager had the required qualifications and experience and was competent to run the home. When we spoke with the registered manager she had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. They told us she worked to continuously improve services by providing an increased quality of life for people who used the service with a strong focus on equality and diversity issues.

The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. Our discussions with people who lived in the home, relatives and staff and our observations during the visit showed there was a positive and open culture.

The registered manager told us satisfaction surveys were sent out annually to people who lived in the home, health and social care professionals and staff. We saw a sample of the most recent surveys which gave some positive feedback. The registered manager told us the information from the surveys would be collated and would be displayed in the home so people could see the outcomes and any actions taken.

The registered manager confirmed there were systems in place to monitor and review safeguarding concerns, accidents, incidents and complaints. For example we saw an accident audit report which provided an analysis of accidents, identified any themes and identified actions that had been taken.

The registered manager informed us that they had produced an action plan following a local authority contract monitoring visit and these actions were now all met. We spoke with a member of the monitoring team who told us the registered manager had made significant improvements. They said she was open and honest and had worked cooperatively with their team to make these impovements.

We spoke with the infection control nurse who had recently carried out a follow up inspection at the home. She told us the manager had ensured all actions identified had been met.

A member of the CCG told us the manager was committed,proactive and strived to make improvements to people's lives. This was reiterated when we spoke with a safeguarding officer who had recently visited the home.

The registered manager was keen to access range of support from healthcare professionals and was able to demonstrate with every day examples how effective partnerships had helped to improve people's experiences. For example, she told us about the way visiting professionals, such as occupational therapists, physiotherapists care managers and GPs, provided updates whenever they saw a person. This assisted the staff in monitoring people's wellbeing and planning and delivering care in a way that protected people's safety and welfare.

We found the registered manager was proactive and had worked in co-operation with a number of different partners to protect and promote the health, welfare and safety of people who used the service. We found legal obligations including conditions of registration from CQC, and those placed on them by external organisations were understood and met by the registered manager.

When we spoke with staff, they were very positive about the support they received from the registered manager. Comments included, "She is very approachable and she listens." "Her door is always open." And, "She has made lots of changes for the better, we receive good support from her and staff morale is now much better." One member of staff said, "Canny Team, enjoying working here." Overall, staff were very positive about the direction in which the home was going since the registered manager came into post.

We saw residents/relative and staff meeting had been held. The meetings provided an opportunity to feedback on the quality of the home. People who used the service, relatives and staff mostly spoke positively about these meetings.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who used services were not protected against the risks associated with unsafe or unsuitable proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who used services were not protected against the risks associated with unsafe person centred care in relation to people's care, treatment and support plans.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.