Care UK Community Partnerships Ltd

Echelforde

Inspection report

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 18 May 2016 and was unannounced. Three inspectors carried out the inspection.

Echelforde provides accommodation and personal care for up to 50 older people, some of whom are living with dementia. There were 43 people living at the service at the time of our inspection. There are five units, each accommodating up to ten people.

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 and associated Regulations about how the service is run.

At our last inspection in October 2015 we found breaches of Regulation 9, Regulation 12, Regulation 17 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued warning notices in relation to Regulation 12, Regulation 17 and Regulation 18. We required the provider to have met the warning notices by 15 January 2016.

The provider also sent us an action plan telling us how they would make improvements in order to meet the relevant legal requirements by 15 January 2016.

Following the last inspection the service was placed into special measures. This inspection found the quality of care people received had improved sufficiently to change the service rating from inadequate to requires improvement. This meant the service was removed from special measures.
Although action had been taken to address the concerns identified at our last inspection further improvements were needed.

At this inspection, we found the number of staff on duty reflected the staffing rota. People, relatives and staff told us this had improved the care people received. People told us they no longer had to wait unacceptable lengths of time to receive their care. Staff said they had more time to spend with people.

Although the numbers of staff deployed had increased since our previous inspection, staff told us people would benefit from a further increase in staff. The registered manager told us the provider was actively recruiting to enable additional staff to be deployed on each unit.

The provider had taken action to maintain the safety of people who tried to leave the service. The security of the premises had been improved.

The leadership of the service and the support provided to staff had improved. A new manager had been appointed and had achieved registration with the CQC. The registered manager was clear about the areas in

which the service needed to improve and recognised the importance of seeking the views of people, relatives and staff to achieve improvements in the service.

People, relatives and staff told us the registered manager had improved communication with them. They said they had been encouraged to contribute their views and that these were listened to. Quality monitoring checks had been more effective in identifying areas of the service that needed improvement.

Staff did not always use appropriate moving and handling techniques when supporting people. Equipment used to transfer people was not being used as identified in one person's care plan.

The majority of staff were caring in their interactions with people but some staff did not act in a way that maintained confidentiality.

Opportunities for people to take part in activities had increased and were provided in the service's day centre. However, there were limited opportunities to access activities for people who chose to stay in their individual units.

Assessments and care plans did not record details about people's lives before they moved into the service, which meant staff did not have the information they needed to engage with people about their life history or their interests and hobbies.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. Risk assessments had been carried out to identify any risks to people and measures implemented to address them. A fire risk assessment had been carried out and staff had been trained in fire safety. People's medicines were managed safely.

The provider's recruitment procedures were robust, which helped to ensure that only suitable staff were employed. Staff attended an induction when they started work and had access to ongoing training and supervision.

People were cared for in line with the requirements of the Mental Capacity Act 2005 but information recorded about some people's capacity was inconsistent.

People told us they enjoyed the food provided. They said they had a choice of dishes at each meal and had access to drinks and snacks outside mealtimes. Relatives told us their family members' dietary needs were known by staff and that their family members were encouraged to maintain adequate nutrition. Staff monitored people's health and supported them to make a medical appointment if they became unwell.

People had been given information about how to complain. Any complaints received had been investigated and responded to in line with the provider's complaints procedure.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

Staff did not always follow appropriate procedures when supporting people to mobilise.

Staffing levels had increased, which had improved the care people received.

People were protected by the provider's recruitment procedures.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for in line with the requirements of the Mental Capacity Act 2005 but information recorded about some people's capacity was inconsistent.

The support provided to staff had improved.

Staff received an induction and had access to appropriate training.

People enjoyed the food provided and individual dietary needs were met.

Health needs were monitored and people were supported to obtain treatment when they needed it.

Is the service caring?

Requires Improvement

The service was not always caring.

Some staff did not act in a way that maintained confidentiality.

The majority of staff were kind and caring in their interactions with people.

People had positive relationships with the staff who supported them.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs.

People had access to activities in the day centre but there was a lack of activities available in the units.

Staff did not have the information they needed to engage with people about their life history or their interests and hobbies.

People's needs had been assessed to ensure that the service could provide the care and support they needed.

Complaints were managed and investigated appropriately.

Is the service well-led?

Good

The service was well led.

The leadership and management oversight of the service had improved.

The registered manager understood the areas in which the service needed to improve and had encouraged the involvement of people, relatives and staff in achieving these improvements.

The quality monitoring system been more effective in identifying and addressing shortfalls in service provision.

Echelforde

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 was 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 18 May 2016 and was unannounced. Three inspectors carried out the inspection.

Before the inspection we reviewed the information we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We had not asked the provider to complete a Provider Information Return (PIR) as we were following up concerns identified at the previous inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority quality monitoring team, who had carried out monitoring visits to the service since our last inspection.

During the inspection we spoke with 12 people who lived at the service, three relatives and a healthcare professional. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with ten staff, including the registered manager, team leaders, care assistants, activities staff and the chef. We looked at the care records of ten people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at seven staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2015, we identified breaches of Regulation 12 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not deployed sufficient staff to meet people's needs and keep them safe. The number of staff deployed did not always match the staffing levels shown on the rota. The provider had not implemented adequate measures to maintain the safety of people who tried to leave the service.

We issued warning notices in relation to staffing levels and managing risks to people's safety. The provider sent us an action plan which stated they would meet the regulations by 15 January 2016.

At this inspection, we found staffing levels had improved and that action been had taken to maintain the safety of people who tried to leave the service.

People told us they did not have to wait for care when they needed it. We asked people whether there were enough staff on duty to care for them safely and effectively. One person said, "I think there's enough staff, I've no complaints on that score." A second person told us, "It's busy in the mornings but they [staff] are around if you need them." Relatives told us the number of staff on duty on each shift had increased since our last inspection. They said this had improved the care their family members received. One relative told us, "There are definitely more staff than there were. I feel more reassured now when I leave each day that he is getting looked after." Another relative said, "I'm confident Mum is in safe hands."

The registered manager had introduced a dependency tool to calculate the number of staff required on each shift. Staff told us the number of staff deployed always matched the levels shown on the rota. They said this meant they had more time to spend engaging with people. One member of staff told us, "Staffing levels are much improved. We have more time to spend with the residents now." Another staff member told us, "It's a lot better now there's more staff. It's better for the residents. They don't have to wait like they used to." A third member of staff said, "I think there are enough [staff] now. The weekends are much better."

Although there were enough staff deployed to keep people safe, some staff told us people would benefit from a further increase in staff. One member of staff said, "There are still times when we could do with more [staff]. If you need help to manage someone and the floating staff are busy it means the person has to wait. It would be better if there were two carers on each unit". The registered manager told us they agreed that people's experience of care would improve with the deployment of an additional member of staff on each unit. The registered manager said the provider was actively recruiting staff to enable this increase in the number of staff on each unit to be achieved.

To maintain the safety of people who tried to leave the service, all external doors had been fitted with an alarm that sounded if the door was opened. The registered manager told us the alarm was linked to the call bell system. Arrangements for deliveries had been changed to ensure they did not compromise the security of the premises. The key code for the front door was changed regularly. Staff regularly checked the two people who had expressed a wish to leave the premises.

Staff did not always use appropriate moving and handling techniques when supporting people. We observed an incident in which two staff supported a person to transfer from an armchair to their wheelchair. The staff did this without using the equipment identified in the person's care plan as necessary to support them safely. We informed a team leader about the incident, who confirmed the practice the staff had used was inappropriate and had potentially placed the person at risk. The team leader agreed to ensure that all staff supported the person to transfer in line with their care plan.

The provider had failed to ensure that care was provided in a safe way, which was a breach of Regulation 12 (1)(2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. They were able to describe the types of abuse people may experience and the signs of abuse. Staff told us the registered manager had made clear their responsibility to report any concerns they had about abuse or poor treatment. They said they were confident that any concerns they raised would be taken seriously and acted upon by the registered manager. One member of staff told us, "I would speak to a colleague if they weren't treating someone well, but I'd still report them to the manager". Another member of staff said, "I would report anything bad to the manager and if they did nothing I would go to CQC. I know they would act though." Staff told us that safeguarding training was provided regularly and that they had attended this training within the last 12 months.

Risk assessments had been carried out to identify any risks to people and the actions necessary to minimise the likelihood of harm. For example staff evaluated the risks to people of falls, choking, pressure ulcers and inadequate nutrition and/or hydration. Where risks were identified, staff implemented measures to address them, such as pressure relieving equipment and repositioning regimes to reduce the risk of pressure ulcers and food/fluid monitoring charts to address the risk of inadequate nutrition and/or hydration. Incidents and accidents were recorded and action taken to reduce the likelihood of a recurrence.

The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as adapted baths, hoists and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. The DBS helps providers ensure only suitable people are employed in health and social care services.

People's medicines were managed safely. Medicines were stored securely and in an appropriate environment. There were appropriate arrangements for the ordering and disposal of medicines. The provider's medicines management policy followed appropriate professional guidance issued by the Royal Pharmaceutical Society. Staff told us there was regular training provided in medicines management. This was confirmed by the provider's training record. All staff responsible for administering medicines had their competency to do so assessed regularly.

We checked medicines administration records and found these were clear and accurate. The member of staff who administered medicines during our inspection was confident with the systems in place and competent in their practice. No-one at the service managed their own medicines and no-one received their

medicines covertly. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines. Each person also had an individual protocol for the use of 'as required' medicines, such as pain killers. This described the reason for the medicine's use, the maximum dose, the minimum time between doses and possible side effects.

All medicines were delivered and disposed of by an external provider. We found the management of this was safe and effective. Medicines were labelled with directions for use and contained the date of receipt, the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. The provider undertook audits to ensure the safe and effective management of medicines, which included a supply audit to ensure each person always had at least ten days supply of their medicines at any time. There were also regular external audits conducted by the provider's medicines supplier.

Good

Is the service effective?

Our findings

At our last inspection in October 2015, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not been supported through supervision and appraisal, which meant they did not have opportunities to discuss their training, support and professional development needs.

We issued a warning notice in relation to the support provided to staff. The provider sent us an action plan which stated they would meet the regulations by 15 January 2016.

At this inspection, we found the support provided to staff had improved. Staff told us the registered manager had introduced a system of formal supervision and annual appraisal. They said it had been made clear to them that supervision sessions were their opportunity to seek advice and ask questions. One staff member told us, "We all have supervision now. The manager is really open and honest and has encouraged us to ask questions. I think it [supervision] works well." Another member of staff said, "We have regular supervisions now. I can speak to my manager at any time but the supervision is where we set time aside to discuss training and development."

Staff told us that opportunities for training had increased since our last inspection. They said they felt better equipped to provide the care people needed as a result. Training to achieve the Care Certificate had been introduced for all care staff. The Care Certificate is a set of nationally recognised standards that health and social care workers should demonstrate in their work. Staff who had recently undertaken their induction told us the process had equipped them well for their new roles. One member of staff said, "We have a lot more training now, which I think we needed" and another staff member told us, "I haven't been here that long but I've done quite a bit of training already". A third member of staff said, "The induction was good. I got time to shadow staff and get to know the residents."

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood the requirements of the MCA and DoLS and had submitted applications for DoLS authorisations to the local authority where necessary to keep them safe, for example where people were prevented from leaving the service unaccompanied. However some people's care plans contained

conflicting information about whether or not they had the capacity to make decisions. For example one person had signed a consent to care and treatment form, which indicated that they had the capacity to understand the information in their care plan and to sign their agreement of it. Information elsewhere in the person's care plan recorded that they did not possess the mental capacity to make decisions.

We recommend that the provider review the information recorded in relation to people's capacity to ensure it is accurate and up to date.

People told us they enjoyed the food provided. They said they had a choice of dishes at each meal and had access to drinks and snacks outside mealtimes. Relatives told us their family members' dietary needs were known by staff and that their family members were encouraged to maintain adequate nutrition. One relative said of their family member, "He enjoys the food. It looks good and there's plenty of it. He needs his food cut up and I like to do that for him." Another relative told us, "They encourage him to eat and because his weight has dropped they give him supplements as well."

A catering company supplied frozen pre-prepared meals, which were then brought to temperature in the service kitchen. The catering company was able to supply meals to meet specialist dietary needs, including texture-modified meal options. People were shown the meal options available that day to enable them to choose their preference. Staff ensured that people had access to drinks during the day. Staff who helped people to eat understood their individual needs and how to provide their support. Staff demonstrated good practice when supporting people. They ensured that people were positioned correctly and provided support at an appropriate pace. They encouraged people to eat and engaged with them positively, making conversation in addition to focusing on the task at hand.

Staff monitored people's weight and took action if significant weight changes occurred. For example food/fluid charts were implemented and referrals to healthcare professionals were made where necessary. This meant people received the support they needed to maintain adequate nutrition. We observed a member of staff contacting a healthcare professional due to concerns they had about one person's nutrition. The member of staff also ensured that the person's next of kin was informed of this referral.

People told us that staff supported them to see a doctor if they felt unwell and relatives said their family members were supported to maintain good health. A healthcare professional told us their confidence that people's healthcare needs were met had increased since our last inspection. They said staff were more confident and referred people more appropriately. The healthcare professional said team leaders were competent and more confident in their roles than they had been previously. They said they had given training to team leaders on taking blood pressures and checking temperatures and that they had confidence in the ability of team leaders to carry out these tasks effectively. The healthcare professional told us care staff implemented any guidelines they put in in place regarding people's care. People's care records demonstrated that they had access to a visiting GP and to other healthcare professionals, such as community and tissue viability nurses, dentists and chiropodists. This demonstrated that staff liaised effectively with other professionals to ensure people received the care and treatment they needed.

Requires Improvement

Is the service caring?

Our findings

People told us they were happy with the care they received from staff. They said they had positive relationships with the staff and enjoyed their company. One person told us, "I do like it here. The girls are lovely." Another person said, "I like it here. They look after me really well." Another person said, "I used to fall quite a lot when I lived at home but I don't here. The staff help me a lot."

Relatives told us their family members were looked after by staff who cared about them. They said staff helped their family members to maintain their appearance and look their best. One relative told us, "The staff are caring. They make sure he is dressed nicely. They shut his curtains and the door when giving personal care." Another relative said, "The staff are very nice. They are very good with the residents and visitors. I'm always made welcome when I visit." Relatives told us staff supported their family members in a way that promoted their independence. They said staff encouraged their family members to do what they could for themselves, such as eating their own meals and mobilising independently. One relative told us, "They do encourage her to walk, which is good for her mobility."

We also observed good examples of staff demonstrating a caring approach to people. One member of staff displayed skill and compassion when reassuring a person who had become confused and anxious. We observed staff asking people how they were feeling and whether they could help them be more comfortable. Staff offered to get people drinks and snacks and encouraged them to enjoy these. We observed staff complimenting people on their appearance and sharing jokes with people, which they clearly enjoyed.

The majority of staff were caring in their interactions with people and treated them in a kind and considerate way. However some staff did not act in a way that maintained confidentiality. We observed several instances in which staff discussed people's personal care needs in communal areas within earshot of other people. We also witnessed two members of staff have a disagreement in a communal area, where it was overheard by the people present. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Discussing people's personal care needs in communal areas did not comply with the confidentiality policy.

We recommend that staff attend further training in confidentiality to ensure they handle all confidential and personal information appropriately.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in October 2015, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not have access to a suitable range of activities. The provider sent us an action plan which stated they would meet the regulations by 15 January 2016.

At this inspection, we found people had more opportunities to take part in activities. Activities staff were no longer deployed to support care staff and were able to focus on providing activities. People told us the availability of activities had improved. The majority of activities took place in the day centre. These were well attended and clearly enjoyed by the people who participated in them. People gathered to listen to music and to socialise with friends over refreshments. Visiting relatives spent time with their family members and enjoyed the company of others.

Opportunities for people who preferred not to take part in group activities in the day centre were limited. Care staff told us an activities co-ordinator visited each unit for an hour a day to provide activities but this did not happen on the day of our inspection. As a result, people who remained in their units did not have access to meaningful activities. Relatives and staff confirmed that people were encouraged to take part in activities but that these took place in the day centre. They said there were few opportunities to enjoy activities in the individual units. One relative told us, "Activities do go on but mainly in the day centre. Staff do encourage him to join in those." Another relative said, "There's more going on these days but it's all in the day centre." A member of staff told us, "We try and encourage people to go to the day centre" and another member of staff said, "There's always something going on in the day centre they can join in."

We recommend the provider expand the range of activities to ensure that all the people who use the service have opportunities to access activities that meet their needs and reflect their preferences.

People's needs had been assessed before they moved in to ensure that the staff could provide the care they needed. Pre-admission assessments recorded people's needs in areas including health, mobility, communication and nutrition/hydration. Care plans had been developed where needs had been identified through the assessment process. Although plans were in place to address people's care needs, care plans did not record information about people's personal history, interests and aspirations. The provider had developed a form (entitled 'My Life Story') for staff to record details about people's lives before they moved into the service, including their family history, working life, important relationships and interests. The purpose of recording this information was to enable staff to engage with people about their interests and their life history. The majority of the forms we checked were blank. Where information had been recorded, details were minimal. For example the section in one person's care plan for life history simply recorded, "Married, two daughters." This meant that staff did not have the information they needed to engage meaningfully with people about their life history or their interests and hobbies.

Failure to carry out, collaboratively with the relevant person, an assessment of their needs and preferences about their care meant the provider was in breach of Regulation 9 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a written complaints procedure, which detailed how complaints would be managed and explained how people could escalate their complaints if they were not satisfied with the provider's response. Information about how to complain was provided to people and their relatives when they moved into the service. People and their relatives told us they would feel able to make a complaint if they had concerns. One relative told us, "I haven't needed to complain but I certainly would do if I wasn't happy about something." We checked the complaints received since our last inspection and the provider's response. We found that one formal complaint had been received and that this had been responded to appropriately and resolved.

Good

Is the service well-led?

Our findings

At our last inspection in October 2015, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were concerns about the leadership and management oversight of the service. The provider's quality monitoring system had not been effective in addressing the areas of concern around staffing levels and vacancies.

We issued a warning notice in relation to the governance and monitoring of the service. The provider sent us an action plan which stated they would meet the regulations by 15 January 2016.

At this inspection, we found the management of the service had improved and this had made a positive impact on people's care and the support staff received. A new manager had been appointed since the last inspection and achieved registration with the CQC in March 2016. The registered manager demonstrated an awareness of the areas that required improvement and was able to describe the plans in place to achieve this.

The provider had carried out a series of governance audits, assessing all aspects of the service but focused on the areas of concern identified at our last inspection. A service improvement plan had been developed to address the concerns and progress towards achieving the plan's objectives was monitored regularly. Surveys had been distributed to people and relatives and the results incorporated in the service improvement plan. Feedback from staff meetings had been recorded and an action plan put in place to address the issues discussed. Staff supervisions and appraisals had been scheduled for the year ahead to ensure the improvement in the support provided to staff would be maintained.

The registered manager recognised the importance of seeking the views of people, relatives and staff and working together to achieve improvements in the service. The registered manager told us, "I want to make sure we take everyone's opinions on board so they have a stake in what we're doing here." People and their relatives told us the registered manager had improved communication with them. They said residents and relatives meetings had been introduced, at which they had been encouraged to contribute their views about how the service could improve. People and their relatives told us that action had been taken where they had suggested improvements. For example they said a new bar was under construction, which would serve as a focal point for people to socialise and meet friends and relatives. One relative told us, "The whole atmosphere has changed for the better. The manager is very approachable and much more visible around the home." Another relative said, "There have been some definite improvements. The new manager is nice and easy to talk to, his door is always open."

Staff told us the change in management had improved the experience of people living at the service and the support staff received. One member of staff said, "Things have improved so much since the new manager came. He is trying really hard to improve things. I think we're on the right track now." Another member of staff told us, "It is better managed now. The communication is much better. We have staff meetings now. We are encouraged to give our views and the manager listens to what we have to say."

Staff told us better communication and support had led to an improvement in staff morale and teamwork. One member of staff said, "We communicate much better than we did. There is a handover on every shift now and a daily 'stand up' meeting. It means we're all aware of any changes." Another member of staff told us, "The manager co-operates with us, he asks us what we need. I think we work better as a team now, people are more willing to help each other out."

There was evidence that regular residents' meetings had been introduced. The notes of these meetings demonstrated that people had been asked for their views about the service, including the food provided and activities they would like to try. The minutes of staff meetings demonstrated that the registered manager had given a clear message to staff about the improvements needed in service delivery. It was also clear that the registered manager had told staff that their views about how to achieve these improvements would be listened to and their ideas valued. For example staff said they had highlighted areas in which they would benefit from additional training and the registered manager had arranged this training provision.

We received positive feedback about the management of the service from the local authority and a healthcare professional. The local authority had carried out two quality monitoring visits since our last inspection and shared their visit reports with CQC. The local authority noted that the registered manager had begun to address the concerns identified at the last inspection and had improved communication with people, relatives and staff. A healthcare professional told us the leadership of the service and the quality of care people received had improved since our last inspection. They said they had more confidence in the way the service was managed and the ability of staff to provide the care people needed.

The provider's quality monitoring checks had been more effective in identifying areas of the service that needed improvement. For example the provider had identified that people's care plans were not person-centred and that people had not been sufficiently involved in developing their care plans. The provider had also identified that there were not enough opportunities for people to take part in activities on the individual units. We saw that plans with timescales for completion were in place to address these shortfalls. Staff had begun work on developing care plans that were individualised and person-centred. Audits of risk assessments had been introduced, including falls, pressure ulcers and nutrition/hydration, to ensure that management plans were in place to address these risks.

The registered manager had advised CQC of any notifiable events and had worked co-operatively with other agencies when required. For example, any safeguarding allegations had been referred to the local safeguarding authority and the registered manager had worked with the safeguarding team to investigate the allegations. Records relating to people's care were stored appropriately.

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 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (3)(a) HSCA 2008 (Regulated Activities) Regulations 2014 Person-centred care The registered provider had failed to carry out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1)(2)(b)(c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. The registered person had failed to provide care in a safe way.