

Blackcliffe Limited

The Lakes Care Centre

Inspection report

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Date of inspection visit:
13 February 2023
14 February 2023
21 February 2023

Date of publication:
13 April 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Lakes Care Centre is a care home. It is registered to provide personal and nursing care for up to 77 people aged 65 and over, across 3 units. At the time of our inspection 1 unit was closed. 1 unit provides nursing care and residential care, whilst the other unit provides residential care. At the time of our inspection there were 46 people using the service.

People's experience of using this service and what we found

Medicines were not always managed safely. We found significant improvements of the premises had been made, however all required checks, repairs and maintenance to the buildings were not yet fully completed. Systems in place for the monitoring and oversight of the service were not yet fully embedded.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks to individuals were identified and well managed. There were sufficient staff deployed to meet people's needs and all required pre employment checks were being undertaken. Staff had received training and knew how to identify and report safeguarding concerns. Systems in place helped to protect people from the risks associated with Covid-19 and other infectious diseases. There were no restrictions on people having visitors to the home.

Staff received appropriate training and supervision. People's nutritional needs were being met. People told us the food had improved. We saw drinks were readily available for people. The kitchen was awarded a 5-star food hygiene rating by the food standards agency.

People were treated with dignity and respect. Staff supported people with patience and compassion. People spoke positively about the staff. One person said, "The staff are brilliant. They go beyond the call of duty."

Care records were person-centred. They gave detailed information about what was important to and for the person. There had been improvements in activities on offer, both within the home and wider community. People spoke very positively about the activities on offer. There was a system in place for managing and responding to complaints. Advanced decisions about resuscitation and end of life care plans were in place where required.

People and their relatives were positive about the recent changes, and how the home was now run and organised. Staff spoke very positively about the improvements the consultants had put in place and the difference this had made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 17 November 2022). At this inspection we found the provider remained in breach of regulations. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

This service has been in Special Measures since 15 February 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lakes Care Centre on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to medicines, premises and governance at this inspection. We took enforcement action and placed conditions on the providers registration.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Lakes Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 2 inspectors, a specialist advisor, a medicines inspector and an Expert by Experience over the course of 3 days. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Lakes Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Lakes Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since January 2023 and was intending to apply to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used information gathered through multi agency meetings held, and updates from the provider about their progress with their improvement action plan. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 9 people living in the home and 4 relatives. We also spoke with 15 staff including; care staff, activities coordinator, maintenance operative, clinical lead, cook, consultants, the manager and the provider. We had a tour of the building with the manager. We reviewed a range of records, including care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. Also, a variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

We observed how staff provided support for people, to help us better understand their experiences of the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We continued to review evidence and seek further clarification during and following the inspection. We were sent further information for consideration.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection we found people's medicine was not being properly and safely used. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely.
- We found some medicines were out of stock and some were out of date. We saw evidence that some of the out of stock medicines had been followed up by staff.
- On the first day of inspection we found significant concerns including; medicines keys left unattended in the medicines trolley and controlled drugs cabinet, an unaccounted for tablet found in medicines trolley and pre signing of medicines administration records (MAR) and controlled drugs register and secondary dispensing.
- Waste medicines were not stored in line with current NICE guidance. Fridge temperatures were not recorded daily, and a medicine fridge was unlocked.
- There were gaps in MAR and some stock counts of medicines did not match MAR, indicating some people had missed their prescribed medicines.
- Time sensitive medicines were not always given safely at the right time.

People's medicines were not always being properly and safely managed. This placed people at risk of harm. This was a continued breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recent audits had not identified all these concerns. We have dealt with this in the well-led section of this report. A new clinical lead started to work at the home during our inspection. Action was taken immediately by managers and additional training, audits and checks were put in place following inspection.
- Some improvements were seen from the last inspection including; a new CD cupboard, medicines that needed to be given before food were given safely and fluid thickeners were stored correctly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found risks to people were not being assessed, or action was not taken to reduce this as much as possible. This was a continued breach of regulation 12 a, b, (Safe care and treatment) of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 (a, b).

- Risks to individuals and staff were identified and well managed.
- Person centred risk assessments were in place and provided accurate guidance to staff on the action they needed to take to keep people safe. There was evidence of review of risk assessments, including individual health needs. Falls and choking risk assessments were completed where required.
- Most records of care provided reviewed were complete, however some were not. One person's repositioning charts evidenced longer wait times for turns than identified in plans, and for one day they did not show any turns recorded. For one person the 'eating in bed' care plan contained incorrect information regarding SALT assessment for modified food and fluids. The nutritional care plan and information in the kitchen did reflect the SALT assessment for this person. We confirmed that the correct modifications to food and fluid were being completed. Action was taken immediately to rectify this record. We have addressed this in the well-led section of this report.
- Records were kept of accidents and incidents. Accidents and incidents, including falls were reviewed by managers to identify any themes and patterns and any lessons that could be learned to prevent future occurrences.

Staffing and recruitment

At our last inspection we found there was not enough suitably qualified, competent, skilled and experience staff in place across the service to meet people's needs. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were sufficient staff deployed to meet people's needs. The provider used a dependency tool to assess required staffing levels and was deploying staffing above this level. We did not observe any delays in people receiving support, staff responded in a timely way and call bells were answered very promptly.
- We received mixed feedback from staff about staffing levels. Staff said, "The staffing level we have now is good but it's not enough staff" and "We are one home, we all muddle in together now. Staffing has improved."
- People told us they rarely had to wait when they needed support. They said, "The staff are okay, if I use the buzzer they come quick enough. I think there's plenty of staff because if I want something I usually don't have to wait that long", "I do use the buzzer when I need something. I don't have to wait long" and "I only use the bell if I need to. I don't like to mither them and if I do they get to me pretty quickly."

At our last inspection staff were not robustly recruited. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- There were safe systems of staff recruitment in place.
- All required checks had been completed prior to staff starting to work at the home. This included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse,
- Staff had received training and knew how to identify and report safeguarding concerns.

- People told us they felt safe living at the home. Relatives told us, "The place is spotless, and the staff are brilliant. I know [person] is safe here and they are looking after [person] properly" and "I must admit the place has got a better feel about it in the last few months. When I leave here, I have no concerns about [persons] wellbeing and safety."

Preventing and controlling infection

- The home was clean with no malodours, except one bathroom which was being investigated at the time of our inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There was no restrictions on people having visitors to the home. Relatives said, "When I visit they always make me welcome and ask me if I want a cup of tea" and "The staff are lovely with [person] and they make me very welcome. They don't treat visitors as a nuisance."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

At our last inspection we found the premises and equipment were not always suitable for the purposes being used, and properly used and maintained. This was a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 15.

- All required checks and maintenance to the buildings were not yet fully completed. 1 unit remained closed due to safety concerns and remedial works were still required. 2 units were open and detailed action plans were in place to address concerns found at our last inspection. Not all work had been completed and these plans were on going, including redecoration.
- Action was still required regarding fire safety. The provider was liaising with fire officers regarding fire safety concerns and actions. Practical fire safety training for staff had been arranged. It had commenced on the third day of our inspection.
- Appropriate window restrictors were not fitted to bedrooms. This was actioned by managers on the first day of inspection.
- We found water in some rooms did not meet the required minimum temperatures, roof repairs were ongoing, a number of bedroom toilet extractor fans did not work, and environmental risk assessments needed reviewing. There was a satisfactory Legionella test certificate dated 25th October 2022, but records relating to the identification of risk and management plans for asbestos and legionella's risk could not be found during our inspection.

This was a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We have received confirmation from managers that appropriate restrictors are now in place.
- We found significant improvements of the premises had been made and steady progress with the action plan had continued to be made. We found the home was now secure . All furniture reviewed as part of the inspection, including radiator covers, was securely fixed to walls.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we found people's nutritional and hydration needs were not always being met with

the provision of a suitable and balanced meal which was in line with people's assessed needs and preferences. This was a continued breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People's nutritional needs were being met. We saw drinks were readily available and people who stayed in their bedrooms were also provided with regular drinks. One person told us, "They top up the water in my room regularly." A relative said of their family member, "[Person] gets plenty to eat and drink and they have electronic charts where they record all [person] eats and drinks."
- Most people told us the food had improved. People said, "I can eat the food because it's like home", "The food is very good. It's always warm and I can have as much as I want, and you get a menu the day before. There's also plenty of choice" and "I get plenty to eat and drink."
- Food and fluid charts had been completed in full and referrals to speech and language therapy (SALT) and the dietician had been made where required. Kitchen records relating to modified diets accurately reflected SALT advice.
- The kitchen was clean and appropriate records of food temperature and cleaning were kept. During our inspection the kitchen was awarded a 5-star food hygiene rating by the food standards agency.

Staff support: induction, training, skills and experience

At our last inspection we found staff were not consistently receiving appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out their duties. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff supervision for most staff had been undertaken in January. There was a rolling plan to ensure supervisions and appraisals were completed in line with the provider's policy. A range of meetings for staff were now in place. A staff member said, "I feel supported and listened to."
- Improvements had been made with the range of training staff were required to complete, including additional training relating to specific health conditions. Not all staff have completed all the courses, but managers had plans in place to ensure compliance within a short time frame.
- Staff told us the training had improved. One said, "I feel confident doing my job."

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we found people's care and treatment was not being consistently provided with the consent of appropriate people and in accordance of the Mental Capacity Act 2005. This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Any conditions related to DoLS authorisations were being met.
- Mental capacity assessments had been completed where required and best interest's information was available. People, or where appropriate their representatives, had been involved in decisions about their care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed prior to them moving into the home. We found there was regular on-going review of people's needs and records were updated when needs changed.
- Care records included information about the support people required with their oral care.
- People's health conditions were well documented, and people were supported to access a range of health care professionals and support. They told us staff arranged for health care treatment when required. One person said, "They get me a Doctor when I need one"
- Staff worked closely with other agencies to ensure people's needs were met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection people were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were treated with dignity and respect.
- We observed staff supported people with patience and compassion. Humour was used appropriately, and the staff approach was warm, friendly, polite and considerate. On our second day we did observe some staff were busy and more task focused, but interactions were still attentive.
- Staff told us how they maintained people's dignity and promoted independence when delivering care. Staff knew people really well, they told us the things that mattered most to people and how they liked their care providing.
- People told us staff respected their privacy and treated them with dignity. One person said, "They never come into your room without knocking. I get on really well with the staff and I feel really at home here."
- At our last inspection concerns were raised with us about access to bathing. At this inspection people told us they were well supported to access bathing when they wanted to. They said, "They do everything for me. I get plenty of bed baths", "I have a bed wash and I get a bath every few days" and "They help me with baths and showers."
- People spoke positively about the staff. They said "The staff are brilliant. They go beyond the call of duty", "They are lovely with me. When they are helping me get washed and dressed, they always shut the door. The staff are like pals to me. They are unbelievable people. They help me with all my personal care, and they are very good with me. It feels so natural." A relative said, "I can see they treat [person] properly and all the staff that look after [person] are very kind and welcoming."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were listened to and involved in decisions about their care. Care records included people's preferences for their care and support. People said, "The place is first class. If I had any problems, I would not be frightened of saying something and I believe they would listen to me. The carers are more like friends."
- Staff understood the need to involve people in decisions. We observed staff sought consent before

delivering support. A staff member said, "I always let them know what I am doing and ask them what level of support they need, communication throughout is important."

- A relative said, "The place is very homely. They always tell me what's going on and I get on with all the staff. I've no complaints. It's a warm lovely environment" and "I think [person] is being well looked after here and they let me know if anything is wrong."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found that systems for ensuring people's care and treatment was appropriate, met their needs and reflected their preferences, was not being used effectively. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care records were person centred. They gave detailed information about what was important to the person. Records had been reviewed as people's needs changed.
- Records were sufficiently detailed to guide staff on people's preferences and how people wanted their care and support providing.
- A relative said, "I had a review with them about a month ago and everything was fine."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was following the Accessible Information Standard.
- Care records included information about people's individual communication styles and needs. Consideration was given to the equipment and resources people might need. Records detailed ways staff could help people communicate, such as using short sentences or using pictorial menus.
- Assessments had been completed for staff to identify if they needed any support or help with their roles.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There had been improvements in activities on offer both within the home and wider community. The activities co-ordinator evidenced people's participation in a range of activities including museum visits, arts and crafts, games and visits from singers and a choir. We observed a 'Moving Monday' exercise session, which people enjoyed participating in.
- People cared for in bed were offered individual activities that were based on their wants and needs.

- People spoke very positively about the activities on offer. One person said, "[Activity coordinators] do the activities and we go on trips out to Portland Basin and shopping. We went to a local school with all the kids recently to remember Holocaust Day and met the Mayor and we got in the local paper. It was a great day." Other people said, "The activity girls are smashing, wonderful. First class" and "They take me to the local park and I watch people playing bowls and I've been for a visit to Portland Basin." Another person said their religious needs were met by services conducted in the home by the local church. They said, "They have a church service here once a month. I love it I have been going to church for 50 years."

Improving care quality in response to complaints or concerns

- There was a system in place for managing and responding to complaints.
- People told us they could raise any concerns. They said, "If I'm not happy with something I'm not afraid to tell them" and "If I thought things were not right I would be the first to say something but I have no reason to complain."

End of life care and support

- People were given the opportunity to discuss their wishes for end of life care.
- Advanced decisions about resuscitation and end of life care plans were in place where required.
- Staff spoke compassionately about the importance of providing good end of life care and ensuring people's wishes were respected.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we were not assured that the provider was able to identify, address and sustain improvement with the service through sufficient oversight and suitable governance arrangements. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the service continued to be in breach of this regulation.

- Since our last inspection the provider had put in place a consultancy firm and, since January 2023, a new manager has been in post. They had introduced a wide range of audits, monitoring and oversight to improve the quality of the service, these systems were not yet fully embedded and had not addressed the concerns found during this inspection.
- Some breaches of regulation found at the last inspection were not yet resolved including premises maintenance and safety, and medicines administration and management. Some records of care provided were not complete, and concerns regarding medicines at this inspection had not been fully identified or actioned during recent audits.

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

- There were detailed improvement plans in place and improvements were found in a number of areas. The consultants and manager had good knowledge of the service, there was a clear commitment to continuous improvement. They had supported staff in understanding and using systems that had been introduced. This included regular feedback and audits of records and checks staff made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their relatives were positive about the recent changes, and how the home was now run and organised. Staff spoke very positively about the improvements the consultants had put in place and the difference this had made. A staff member said, "It's definitely improving since [consultant] has been here, [they] explain everything as we are doing it, and the reason we are doing it. In the past we didn't get told anything, we need to know stuff."

- There was a positive culture of learning, improvement and development and the service had a range of policies and procedures to guide staff on what was expected of them in their roles.
- People who lived at the home said, "The new manager is improving things all the time. [Manager] is organising things and they have had new windows and blinds and new furniture and curtains" and "There is nowhere better than this place. Super staff always on time and I feel very comfortable here." A relative said, "There have been new managers in and things have been changing. The place has been decorated and there was a problem with the lift which has now been sorted out"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong ; Working in partnership with others

- People and staff were positive about the changes and improvements in communication since our last inspection. People told us their views were sought and they were listened to.
- There was a range of meetings for staff, people, and their relatives to enable them to be updated and involved in changes.
- A person said, "We have residents' meetings once a month and we get a Newsletter. In one meeting it was mentioned that those that are bedridden need someone to go in and have a chat with them so they try and do that a lot more now." One person said, "I can't think of anything that I would want improved."
- Relatives told us communication had improved. They said, "We have had Teams Meetings and they send out a Newsletter every now and again. The last one was in January" and "We have had Teams Meetings and I have spoken to them face to face and I can ask anything of them" and "They keep me fully informed about things that are going on with [person]."
- Records confirmed managers of the service and the provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to identify, address and sustain improvements within the service through sufficient oversight and suitable governance arrangements were not in place.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's medicine was not being properly and safely used.

The enforcement action we took:

Conditions placed on registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Premises and equipment were not always suitable for the purposes being used, and properly used and maintained.

The enforcement action we took:

Conditions placed on registration