

Rushcliffe Care Limited

Matthews Neurorehab Unit

Inspection report

Epinal Way Care Centre
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 10 November 2014 and was unannounced.

At the last inspection on 23 June 2014 we asked the provider to take action to make improvements. The provider was not meeting five regulations at that time. These related to respecting and involving people, care and welfare, staffing levels and supporting staff. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. While we

found that the actions we required had been completed and these regulations were now met, the provider needed more time to fully imbed the improvements to improve the service further.

Matthews Neurorehab Unit is located in Loughborough, Leicestershire. It is a 43 bed service for people with care and support needs arising from neurological conditions. The service includes a multi-disciplinary team which

Summary of findings

consists of an occupational therapist, speech and language therapist, physiotherapists, a neuropsychologist and nursing and care staff. On the day of our inspection there were 21 people using the service.

Matthews Neurorehab Unit did not have a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. An acting manager was employed at the service and their application to become registered manager was being processed.

People who use the service and their relatives told us that improvements had been made to the service. They said they had confidence with the new acting manager to further develop and improve the service. We saw staff treated people with dignity and respect, this included involving people in day to day decisions. However, further improvements were required to ensure people were involved as fully as possible in decisions about their care and support.

The service had taken action to ensure staff fully understood their role and responsibility in protecting people from the risk of harm and abuse. Staff had received refresher training and safeguarding procedures were in place. The systems and processes had improved in relation to the action taken if concerns were identified. Risk assessments had been completed where appropriate for people who used the service, staff, visitors and the environment. New audits and systems had been recently developed to ensure people received their medicines safely and as prescribed by their doctor.

There were sufficient staff available to meet people's needs and keep people safe given the current occupancy levels. The service had recruited additional staff and created new posts to support people and develop the service. Staff received an initial induction and ongoing training and support. Recruitment practices were safe and relevant checks had been completed before staff commenced work.

People's human rights were not always protected. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. This is legislation that sets out the requirements that ensures where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Whilst we found some examples where appropriate action had been taken to formally assess people's capacity but this was inconsistent. We found examples where assessments of a person's mental capacity and restrictions placed on them had been made without appropriate authorisation.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. The home made appropriate and timely referrals to health care professionals and recommendations were followed. This included support to attend routine health checks.

People told us and relatives confirmed that improvements to their inclusion in discussions and decisions about their care and treatment had been made. Information was available that advised people about independent advocacy services and information about the service including the provider's complaints procedure. We found people's experience to personalised care and treatment had improved and further development was required to ensure people were cared for in a way that was important to them.

People who used the service, relatives and staff were positive about the leadership and said improvements had been made to the service. The acting manager regularly assessed and monitored the quality of care by completing audits and seeking feedback from people who used the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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?

The service was not consistently safe.

Safeguarding procedures had improved. Staff had received further training to minimise the risk to people of avoidable harm and abuse.

Staffing levels had increased to ensure there were sufficient experienced and skilled staff at all times to meet people's individual needs.

Medicines management had improved but further improvements were required in the guidance of 'as and when' medication.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff training and support had improved. The system in place for staff to receive formal opportunities to review their practice was being developed.

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation was not consistently adhered to.

People's nutritional and dietary needs required reviewing to ensure people's wishes and preferences were met.

Requires Improvement



Is the service caring?

The service was not consistently caring.

Some people gave examples that showed staff's attitude and behaviour could have been more caring and respectful towards people. Our observations found that staff were kind and caring but further improvements were required about promoting and respecting people's choices and independence.

Improvements to how people were supported to be involved as fully as possible in decisions and discussions about their care required further improvement.

People had information about independent advocacy services that informed them of their rights and choices should they have required this support.

Requires Improvement



Is the service responsive?

The service was not consistently responsive.

People's preferences including their interests, hobbies and what was important to them with regard to their care was not consistently considered or provided.

People received opportunities to share their experience about the service including how to make a complaint.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not consistently well-led.

The acting manager has good management and leadership skills. They had worked at improving the standards of care and treatment. However, due to their limited time in post time for their leadership skills to fully embed is required.

People who used the service, their representatives and staff were supported and included in discussions about how the service developed. 'Resident' meetings were arranged and surveys were used to gain feedback.

Systems were being implemented to regularly assess and monitor the quality of the service.

Requires Improvement



Matthews Neurorehab Unit

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.

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 plan to make. Before our inspection, we reviewed the information included in the PIR along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We also contacted the local authority and health authority, who had funding responsibility for people who used the service.

This inspection took place on 10 November 2014 and was unannounced. The inspection was completed by one inspector, a specialist advisor in mental health and an Expert-by-Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of mental health services.

We spoke with four people who used the service. We also spoke with three visiting relatives and or friends for their views about the service. We spoke with the acting manager, a newly appointed deputy director, the neuropsychologist, physiotherapist, occupational therapist, clinical lead, three support workers and a newly appointed activity co-ordinator. We also spoke with a visiting case manager from the commissioners of services for people with a brain injury. We looked at the care records of three people who used the service and other documentation about how the home was managed. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Is the service safe?

Our findings

At our last inspection we identified some concerns with staffing. There were on-going concerns regarding the management of the service. There had been three managers in the last 12 months and agency staff were used frequently. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

At this visit we found improvements had been made. Since our last inspection an acting manager had been appointed. The provider had appointed a deputy director with clinical experience in the care and treatment of brain injury. They had been in post for a month and were appointed to specifically support the service. An additional clinical lead had also been appointed who was due to commence in December 2014. A deputy manager post had been advertised for. Permanent nursing staff had been appointed which had reduced the need to use agency staff. Additional care team leaders had been appointed and further posts had been developed. An activity co-ordinator had also been appointed shortly before our inspection.

People told us that improvements had been made to staffing, some people felt more staff were required. Staff said that staff sickness sometimes impacted on the care people received. They told us that the use of agency staff affected consistency in care. However, positive comments included, "There are a lot of improvements. People are now getting what they need." Additional comments included, "Staffing has much improved but it can be difficult to get cover if staff call in late to say they are sick." Staffing levels were determined according to the dependency needs of people who used the service. We saw there were sufficient staff available to meet people's individual needs and current occupancy levels. The provider service had contingency plans to cover for staff sickness and vacancies. Agency staff were used if absolutely essential and care staff covered additional shifts where possible or staff were used from other services the provider had.

People told us they felt safe. One person said, "I feel safe now, I didn't use to." Another person said, "I feel protected."

Since our last inspection there had been a significant increase in safeguarding incidents. The local authority and CQC had serious concerns of the service's ability to protect

people from avoidable harm and abuse. The service has since worked with the local authority to investigate the safeguarding concerns. The outcome of these investigations concluded in some instances they were substantiated and some not. It was apparent that staff lacked understanding of their role and responsibilities with regard to safeguarding people. People had experienced avoidable harm as a result. At this inspection we saw that staff had received further safeguarding training to refresh them on their roles and responsibility. A dedicated notice board had been developed reminding staff of their responsibility and the action required if there were safeguarding concerns. This included contact details of the local authority and all senior management including out of hours contact numbers.

Staff confirmed that additional safeguarding training had been provided. Comments included, "The training has increased our understanding and awareness. We talk about safeguarding regularly."

People told us they felt their possessions were safe in their room. Since our last inspection there had been several incidents whereby people's money had gone missing. The service had reimbursed people's money and to protect against any further incidents, new procedures had been implemented. However, we looked at the services policy and procedure for managing and safeguarding people's money and found this had not been updated with the new arrangements in place.

The acting manager checked the reports of accidents, incidents and near misses on a daily basis. These were discussed in staff handovers and staff meetings to consider lessons learnt to reduce further risks and keep people safe. For example, people's plans of care and risk plans were amended, additional support from the multi-disciplinary team was sought. There were procedures in place to minimise the risk to people who used the service. Staff employed at the service had relevant pre-employment checks before they commenced work. Staff were clear about the process to follow if they had any concerns and knew about the whistleblowing policy. Where there had been concerns identified with staff practice, either additional training and support was provided or disciplinary action had been taken.

Some people had behaviours that could either put themselves or others at risks. These risks had been

Is the service safe?

assessed and planned for. For example, some people had additional one to one support provided to keep them safe. Plans of care advised staff of potential triggers to behaviours and the strategies required to manage these.

There were arrangements in place to deal with foreseeable emergencies. The provider had a 'business continuity plan'. This advised staff of the procedure to follow in the event of an emergency affecting the service. Personal fire evacuation plans had been completed. Staff had detailed information about how to support a person in the event of an emergency. Fire safety procedures and checks were in place.

Prior to our inspection we received information of concern that the provider had insufficient hoists and that these were not maintained. We checked what equipment was available and when these received maintenance checks. The provider carried out their own audits and in addition used an external company to service and complete maintenance checks. We saw equipment such as hoists and the lift had recently been checked and serviced. Staff told us they had the equipment required to meet people's needs. Comments included, "Equipment is maintained, if it breaks it gets repaired quickly, we have what we need to keep people safe."

Since our last inspection there had been several incidents relating to the administration of medicines. The clinical lead showed us what action they had taken to improve the safe storage, ordering, stock control and disposal of medicines. Daily and weekly audits had also been implemented. These improvements meant that people were at less risk of receiving their medicines inappropriately. These changes had been introduced during the month before our inspection. We identified that there was no procedure in place to advise staff on the use of 'as and when required' medicine. However, we saw an action plan that had already identified this issue and how it was to be addressed. The clinical lead and the registered manager confirmed that meetings with the doctor and pharmacist had been arranged to start within the month. This was to improve communication and practice in relation to the supply of medicines. We observed nursing staff administer medicines to people and saw this was done in a safely and appropriately.

The clinical lead told us they were in the process of completing drug observational assessments on nurses and medicines management training had also recently been provided. Records confirmed what we were told. Nurses were observed to administer medicines safely.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and treatment, and ensures people are not unlawfully restricted of their freedom or liberty. Whilst we found some examples that people's consent to care and treatment had been assessed, we also found that MCA assessments and 'best interest' decisions were not always fully recorded or were left blank. A best interest decision is made on behalf of an adult lacking capacity, and has to be in their best interests. The acting manager had an understanding of their responsibility of DoLS. They had made referrals to the local authority where there were concerns about restricting a person. However, we found some concerns where a person lacked capacity and had some restrictions placed upon them without an authorisation from the supervisory body being made.

Where people did have capacity to consent to their care and treatment, we found plans of care did not show if and how consent had been sought from people. It was therefore difficult to ascertain that consent had been sought appropriately. However, some people were able to tell us that staff asked for their consent before care and treatment was provided. Relatives said that they were included in discussions and decisions about how care and treatment was provided.

We saw a person who had capacity to consent to their care had a behavioural plan where staff monitored their whereabouts. In addition they had been restricted to a 'healthy diet' in order to reduce their body mass index (BMI). We did not see where consent had been obtained from the person to comply with either of these plans. The person's weight had increased by 3.36 kg over a period of a month. Gaining the person's consent to this diet may have assisted in reducing their BMI to a healthy level. This person told us they were not happy about the restrictions placed upon them. We discussed these concerns with the acting manager.

These issues demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our last inspection we identified some concerns about how staff were supported. The formal support

arrangements for staff to review their practice and discuss their training and development needs were insufficient. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

Staff told us that formal and informal support, supervision and training opportunities had improved since the new acting manager had been appointed. One staff member said, "I feel much more supported, there's lots of sitting down and talking together." Another staff member said, "The support and training is much better. We have one to one meetings to talk about how we are getting on. Staff morale has improved." We saw a supervision and appraisal plan had been developed for 2014 / 2015. An appraisal is a meeting to discuss and review staff practice, training and development needs. Records confirmed staff had received supervision and appraisals. This showed staff were appropriately supported.

At our last inspection staff raised concerns about the lack of appropriate training for the needs of the people they cared for. Two members of the therapy team told us how weekly training sessions had been introduced as an additional method of training. This was to support staff to develop a greater understanding and awareness of people's needs. In addition training on brain injury was provided every six months. Comments included, "The therapists provide weekly training sessions for 30 to 45 minutes on different topics. The aim is for staff to take away a key message. We have a holistic approach, identifying the person's needs and what we are here to do." Staff told us they received more appropriate training and that they felt better equipped to meet people's needs. This meant that people could be assured that staff received appropriate training to care for their needs.

Nurses received specific training to ensure effective care and treatment was provided. For example, the management of percutaneous endoscopic gastrostomy (PEG). PEG feeding is used where people cannot maintain adequate nutrition with oral intake. A physiotherapist told us their aim was to prevent hospital admissions by providing chest physiotherapy.

People told us they felt that the quality of the staff was good. However one person said, "I don't have confidence in all the staff although there has been improvements, some staff are just not up to the job. A lot of the bad ones have

Is the service effective?

gone since the new manager has been in post.” We were aware that the manager had taken appropriate action to improve the quality of the staff. This included using the providers disciplinary procedures where required. The manager and deputy director showed a commitment in improving the quality of staff employed at the service.

Some people told us they felt the food portions were small and that staff decided how much was put on people’s plate. We were also told that there was no food after 5pm unless someone specifically asked for it. We observed a ‘resident’ meeting that was facilitated by a member of the therapy team, discussions included asking people about the food choices and feedback they had about meals. We also looked at previous meeting records that showed people had an opportunity to discuss meals. We discussed what people had told us with the acting manager. They told us they would talk to staff about portion size. They advised that the ‘satellite’ kitchen had provisions to provide people with snacks and that they would ensure staff routinely offered supper. They also advised that there was a meeting a week prior to our inspection, with the kitchen staff where the choice of menu was discussed to make it more varied.

People had their dietary and nutritional needs assessed and we saw how the provider worked with other healthcare professionals. The clinical lead gave examples of close working links with other health professionals such as dieticians and home enteral nutrition (HEN) nurses. These clinical professionals provided specialist information, support and training to help manage tube feeding and safe eating and drinking. We saw a nutrition screening tool was used to assess people’s needs. These were reviewed regularly and monitored for changes to a person’s needs. We saw how a person’s feeding regime had changed as a result of a dietician assessment.

People were supported to maintain their health and received ongoing healthcare support. This was provided by the internal multi-disciplinary team, and external specialist services such as neurology and primary health service such as opticians. A visiting health professional told us, “The therapy team add value, people choose to come to the home due to the therapies available.”

Is the service caring?

Our findings

At our last inspection we identified some concerns that the service was not respecting and involving people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

A person who used the service told us that staff on the whole were caring. Comments included, “There is a general apathy about care but it is getting better.” Another person told us they felt there was a lack of communication from staff at times, but that they had confidence in the staff. For example, they said staff often did not explain to them what they were going to do. “They [staff] just come in the room and do it.”

A relative said, “What I find completely insensitive is whilst people are eating their mish mash of food the staff are asking each other loudly ‘shall we have fast food.’” We discussed what people had told us with the acting manager. They told us they were already aware of the concern raised about staff behaviour and that this had been addressed. They said they would act on the information again as it was unacceptable behaviour of staff.

From our observations we found interactions between staff and people were positive. We found staff were calm and patient and explained things well. We saw examples where staff used good communication skills, this included gaining eye contact with the person to ensure effective communication. Staff patiently listened to what people said and waited for a reply before responding. Staff spoke to people in a respectful and friendly manner and involved people in light hearted and appropriate banter.

People had a named keyworker and nurse. A keyworker is a member of staff that had additional responsibility for a named person that used the service. Staff were able to tell us what the role of a keyworker was. These details were displayed in people’s bedrooms and some people we spoke with were able to tell us who their keyworker was. This meant people and/or their relative, knew who they could talk to about the care and treatment provided, in addition to the acting manager or nurse in charge.

A person raised concerns about the way they were supported by staff with regard to their care needs and independence. They told us they felt that some staff made them feel that they were ‘rushed’ when they were supported with washing.

A therapist told us they assessed people’s functional abilities when they came to the service. This then determined what the treatment plan should contain to maximise their functioning. They said, “My aim is for all people that use the service to have a visual plan that will enable them to clearly see how they are making progress.” This showed how the service was driving improvements to become a more responsive and personalised service.

People had access to independent advocacy service such as Headway an organisation for people with a brain injury, should they require independent advocacy support. Information leaflets were available in the reception area and the acting manager told us this information would also be out in people’s rooms.

The home had a confidentiality policy and procedure. Staff told us this was adhered to. Comments included, “Information is treated respectfully, sensitively and appropriately.” We saw confidential information was managed appropriately. This included safe and secure storage.

Is the service responsive?

Our findings

At our last inspection we identified some concerns with the care and welfare of people who used the service. People's plan and delivery of care and treatment did not always meet individual assessed needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

The manager had a plan to audit people's care files that was well underway. This was to ensure information was personalised, up to date and easy to understand and follow by staff. This included a review of people's plan of care and assessments.

The provider used a document referred to as 'Getting to know you'. This was a good opportunity to gain valuable information about a person's history, hobbies and interests. However, the wording of some of the questions required reviewing to ensure they were appropriate to the needs and circumstances of individuals. The acting manager told us they were aware that these documents needed reviewing and had a plan to do this.

A relative said that they were concerned that independence was not always prompted as it should have been. They added, "Staff behave like it's a care home and it's supposed to be a rehab unit, they just maintain him. There is a care home mentality here." One person who was getting ready for discharge and was living more independently in a flat within the service told us, "The physio staff skills are amazing and consistent, it's down to them I am moving on."

People told us that the opportunities of social activities and stimulation was improving. However, some people told us they were not always supported in activities important to them. One person said there was a 'current affairs' session that involved a member of staff reading to people from the newspaper. They told us, "We all have TV's and watch the news anyway." Another person told us, "I like ping pong and making models but staff said no as its too dangerous." A relative told us, "People used go for meals across the road to a local pub but that has not happened for ages." Another person told us they did not want to attend any activities or groups and that this had been respected by the staff.

We met the activity coordinator who had been appointed within the last month. They told us and the occupational therapist (OT) confirmed, that they were supported and supervised by the OT. They said that they had started to develop individual files for people that contained information for staff about a person's interests, hobbies and activities they enjoyed. Comments included, "The idea is that information will provide guidance for staff about what a person likes and enjoys, and they will have the information to hand." At the time of this inspection this was very much work in progress. We did not see much evidence of people being supported to engage in their interests. We observed the staff making Christmas cards with three people. Most of these people could not fully participate in this activity, resulting in staff sticking bits on cards for them. We also saw some people watching television in the lounge or their rooms. The support people received to engage in activities of their choice had improved but required further development.

People were supported with their spiritual and religious beliefs and values. This included arrangements for worship and facilities for people of minority communities as well as the provision of appropriate diets dependent on a person's religion and cultural needs. There was acknowledgement of religious and cultural festivals. The service also stated that they would endeavour to employ a number of staff with a first or second language appropriate to the communication needs of people who used the service. We saw how staff had worked with a person and their relative with regard to their specific religious beliefs. What was important to the person had been respected and responded to by staff.

One person told us they were, "Very much involved" in their care and treatment. We saw from people's care records that where appropriate, people's relatives and representatives were involved in discussions and decisions. A therapist told us that improvements had been made to involve people and their relatives more in the weekly multi-disciplinary meetings (MDT). They said that they consulted people and their relative or representative prior to the MDT meeting, about any issues they would like to be discussed. They added that a member of the MDT then had responsibility for feeding back the outcome of the meeting.

Is the service responsive?

We saw the provider had a complaints policy and procedure accessible for people to use should they wish. Records showed that four complaints had been recorded since our last inspection. We saw action had been taken in timely manner and to a satisfactory conclusion.

The provider enabled people who used the service including relatives and representatives, to give feedback about the service. The annual questionnaire was sent to people that used the service and relatives or representatives in June 2014. We saw 28 people gave feedback. The majority of negative feedback was about the lack of activities, stimulation and community involvement available to people. As a response to concerns about activities an activity coordinator had been appointed.

People told us they thought the service had improved. A relative said, "The manager listens to me now." There was evidence of the acting manager wanting to engage with people, staff and relatives. We saw posters in the building offering a range of different times and dates they were available to meet with people.

A visiting professional told us that relatives had said to them they now had a main contact at the service which has improved communication.

Is the service well-led?

Our findings

At our last inspection we identified some concerns with the quality assurance systems in place. They had not always taken into consideration or acted upon the concerns raised by people who used the service, relatives or staff. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

We found that improvements had been made to the quality assurance systems that monitored quality and safety. The acting manager had introduced additional audits for care files and medication, including health and safety of the environment. This was to make sure that the service was running in line with the organisation's policies and procedures and the service provided was safe and fit for purpose. However, some found some of the fire safety checks were out of date. Monthly emergency lighting tests were last checked in August 2014. Weekly fire door tests were last checked in August 2014. Fire drills had not been completed. The acting manager said they were aware of this and that they were planning fire drills in the near future. This showed that audits required further time to fully develop.

People that use the service including relatives, spoke positively about the acting manager and said they had made a difference to the service and that improvements had been made. One person told us, "Now there is a new manager, staff are accountable to them, they are managing staff well and the service has improved miles." This was also reflected by the staff who said that they felt listened to and had faith the acting manager would investigate and act on concerns. Staff described the acting manager as, 'kind and approachable, a strong leader, very engaging'. Additional comments received from the staff included, "The manager has made a big impression. We have direction

now and regular meetings where we can make suggestions. Staff are becoming more confident to raise issues and concerns. It's exciting and a positive impact on people it's all for the good."

Staff had opportunities to attend staff meetings. In addition to these meetings the acting manager arranged different heads of department meetings. For example they had separate meetings with kitchen, domestic, nursing staff and care team leaders. We saw examples of these meeting records that showed standards of care, treatment, quality and safety was constantly discussed.

We spoke with the new deputy director who told us of the clinical support they had provided to the acting manager and how this would continue to be developed. Comments included, "Improvements with care planning and paperwork and changing culture in the nurses attitude is improving. The manager has been working with nurses to improve their practice."

A visiting health care professional told us they had increased positive feedback from relatives and that confidence with the service had improved. Comments included, "Relatives are positive about the new manager who seems to be making a difference".

We spoke with the local authority compliance team and the locality clinical commissioning group (CCG) who had funding responsibility for people that used the service. They told us they did a joint visit to the service in October 2014 and found that improvements had been made with further development and improvements required.

The acting manager had good management and leadership skills. They were organised, had good communication and listening skills and had introduced systems and processes that demonstrated they were working at improving the standards of care and treatment. However, due to their limited time in post they still had much to do.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
Diagnostic and screening procedures	The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.
Treatment of disease, disorder or injury	