GCH (Heath Lodge) Limited

Autumn Vale Care Centre

Inspection report

Danesbury Park Road
Welwyn Garden City
Hertfordshire
AL6 9SN
Tel: 01438 714491
Website: www.goldcarehomes.com

Date of inspection visit: 13, 14 & 16 January 2015
Date of publication: 24/04/2015

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?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 13, 14 and 16 January 2015 and was unannounced. At our last inspection on 27 January 2014, which focused on dementia care, the service was not meeting certain essential standards. These concerned Regulations 9, 10 and 24 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010. These Regulations relate to people's care and welfare, assessing and monitoring service provision and cooperating with other service providers. At this inspection we found the service was meeting Regulations 10 and 24. However, we found a continued breach of Regulation 9 because the essential standard concerning people's care and welfare was still not being met.

Autumn Vale Care centre is a nursing and residential care home that provides accommodation and personal care for up to 69 older people, some of whom live with dementia. The home is comprised of separate nursing,

Summary of findings

residential and dementia care units where staff look after people with varying needs and levels of dependency. At the time of our inspection there were 49 people living at the home.

There is a recently appointed manager at the home in the process of registering with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection a number of applications had been made to the local authority in relation to people who lived at the home.

We found that staff obtained people's consent before providing the day-to-day care they required. However, people's consent had not been obtained in line with the MCA 2005 in all cases. We also found that 'do not attempt cardio pulmonary resuscitation' (DNACPR) decisions had been made in relation to a number of people without their proper involvement or consent.

People told us they felt safe at the home. Staff had received training in how to safeguard people against the risks of abuse. Safe and effective recruitment practices were followed to check that staff were of good character, physically and mentally fit for the role and able to meet people's needs.

People and their relatives expressed mixed views about staffing levels. Our observations found that the effectiveness of staff deployment varied and lacked consistency across different units at the home. In the residential care unit we saw there were sufficient numbers of staff to meet people's needs promptly in a calm and patient way. However, in the dementia and nursing care units, where people's needs and dependency levels were greater, we found there were often insufficient staff to cope with the demands placed upon them.

We found that people had not been supported to take their medicines as prescribed in all cases. Although potential risks to people's health had been identified, we saw that the guidance provided to staff about how to manage and reduce those risks was not always as effective as it could have been.

People were positive about the skills, experience and abilities of the staff who looked after them. We found that most staff had received training and refresher updates relevant to their roles. They were complimentary about the food provided and enjoyed a healthy balanced diet. People felt their day-to-day health needs were met and they had access to health care professionals when necessary. However, we found that in some cases people had not received safe and appropriate care that met their needs.

We found that people were looked after in a kind and compassionate way by staff who knew them and their relatives well. Relatives told us they were involved in decisions about the care provided and that staff kept them informed of any proposed changes or developments. Personal care was provided in a way that promoted people's dignity and respected their privacy.

People told us they received personalised care that met their needs and took account of their preferences. We found that staff had taken time to get to know the people they looked and were knowledgeable about their likes, dislikes and personal circumstances. However, the guidance and information provided about people's backgrounds and life histories was both incomplete and inconsistent in many cases.

We found that the opportunities provided for people to pursue social interests and activities varied and lacked consistency across different units at the home. People and their relatives told us that staff listened to them and responded to any concerns they had in a positive way. They were also very positive about the management and leadership arrangements at the home.

At this inspection we found the service to be in breach of Regulations 9, 13, 18 and 22 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

Summary of findings

of the full version of the report. These breaches correspond with Regulations 9, 12, 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which came into force on 01 April 2015.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

The service was not always safe.

People told us they felt safe at the home and were looked after by staff trained to recognise and report signs of abuse. However, not all staff knew how to raise concerns externally.

Safe and effective recruitment practices were followed.

People were not always supported to take their medicines safely and when they needed them.

Sufficient numbers of staff were not always available to meet people's needs in all areas of the home.

Potential risks to people's health were identified but not managed or reduced effectively in all cases.

Is the service effective?

Requires improvement 

The service was not always effective.

People's consent had not been obtained in line with the MCA 2005 in all cases.

The Deprivation of Liberty Safeguards (DoLS) had been complied with where necessary and appropriate.

Staff received regular supervision and training which meant that people's needs were met by competent staff.

People were supported to eat a healthy balanced diet that met their needs.

People's day to day health needs were not always met in a safe and effective way.

Is the service caring?

Good 

The service was caring.

People told us they were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were involved in the planning and reviewing of their care.

Care was provided in a way that promoted people's dignity and respected their privacy.

Is the service responsive?

Requires improvement 

The service was not always responsive.

People told us they received personalised care that met their needs and took account of their preferences.

Summary of findings

Care plans did not always reflect people's involvement in their care or information about what was important to them.

People were confident to raise concerns and have them dealt with to their satisfaction.

Not everybody was supported to pursue social interests or take part in activities that met their needs.

Is the service well-led?

Good

The service was well led.

People, their relatives, staff and healthcare professionals were all very positive about the management and leadership arrangements at the home.

Staff told us they understood their roles and responsibilities and were supportive of the changes made by the manager.

The provider has introduced improved ways to monitor and reduce risks more effectively.

Comprehensive plans are in place to ensure that actions are taken to drive improvement.

Autumn Vale Care Centre

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 2012, 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 13, 14 and 16 January 2015 and was unannounced. The inspection team consisted of three inspectors, an expert by experience and a specialist professional advisor who is an occupational therapist. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service.

Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 21 people who lived at the home, nine relatives and visitors, 10 care staff members, four nurses, an administrator, two activity organisers, four catering and domestic staff and both the home manager and general manager. We received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We viewed care plans relating to 19 people who lived at the home and four staff files. We also carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Requires improvement

Is the service safe?

Our findings

People and their relatives expressed mixed views about staffing levels. One person told us, "They [staff] are busy but are always there when you need them." However, another person said, "Quite often I feel there is not enough staff because they are rushed off their feet and it can take a long time to answer the [call] bell." A relative commented, "Staff are very kind but they seem very thin on the ground lately."

Our observations found that the effectiveness of staffing levels varied and lacked consistency across different units at the home. For example, in the residential care unit we saw there were sufficient numbers of staff to meet people's needs promptly in a calm and patient way. A staff member who worked there told us, "There is enough staff, most of the time its fine. [We] always get extra staff if we need them."

However, in the dementia and nursing care units, where people's needs and dependency levels were greater, we found there was often insufficient staff to cope with the demands placed upon them, particularly first thing in the morning and at meal times. Staff told there us they felt rushed, rarely took a break and could not always provide the support people needed in a timely way. One staff member said, "There is only one of me and I cannot do it all." Another commented, "We could do with more staff as we are run off our feet."

We saw that a staff member who helped people take their medicines was interrupted four times to help colleagues provide care and support. Most people had limited mobility which meant they required two staff members to help them with personal care. We saw that staff were rushed and found it difficult to respond to people's requests in a timely way. This meant that people were left unattended in communal areas for long periods of time and often had to wait 20 minutes for the assistance they needed, for example help to move or use the toilet.

We saw that some people in the dementia care unit often became agitated and displayed aggressive behaviour that challenged other residents and staff members. For example, one person shouted loudly for long periods of time, including at meal times, and tried to take things from other people. This behaviour was disruptive, caused distress to other people and had a negative impact on the dining experience in particular. However, because staff were busy with other tasks, we found there were insufficient numbers available to intervene or provide the reassurance required to meet people's needs safely and effectively at all times.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were positive about the support they received to help them take their medicines. One person said, "They [staff] are really good at supporting me with my medicines, even when very busy." However, we found that people had not been supported to take their medicines as prescribed in all cases. For example, one person received their medicine for a heart condition two hours late and four people were given their medicines before breakfast when it should have been taken with or just after food.

Some people were prescribed pain relief medicine that was to be taken as and when required (PRN) but were unable to communicate or tell staff when it was needed. However, we found that in some cases the guidance provided to staff was inadequate because it did not sufficiently explain how to recognise when people experienced pain and would benefit from the medicine. In one case we also found that the amount of pain relief medicine held in stock was potentially insufficient to meet the person's needs. This meant that people may not always have received their medicines safely and when they needed them.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that potential risks to their health and well-being had been identified, discussed with them and their relatives and reduced wherever possible. One relative told us, "We know what the risks are. They are kept under review and staff are quick to refer any significant changes to GP's."

We saw that in some cases people had been supported to take risks that promoted their freedom of choice and

Requires improvement

Is the service safe?

independence. For example, one person liked to walk about wearing socks but no shoes so staff had taken steps to ensure the floor was kept clear and clutter free to reduce the risks of them falling.

People identified as being at risk of pressure ulcers were provided with specialist equipment appropriate to their needs, such as pressure relieving mattresses. However, the guidance provided did not adequately explain how to check that the settings were correct and met people's individual needs. One staff member said, "I have never been shown how to check the mattresses. I thought the setting was the same for everyone." Another was at risk of choking but staff had not been provided with guidance about how to respond. One staff member said, "I would do what I did to my children when they were young. Its common sense isn't it?" Another explained they would report incidents of choking to a senior member of staff so they could deal with it. This meant that people had not been adequately protected against the risks of inappropriate or unsafe care.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach corresponds with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at the home. One person said, "I feel very safe here actually." Another person commented, "I like it here. The staff are really nice and I feel very safe here." Relatives also felt assured that people were safe and protected from harm by staff who listened and responded positively to any concerns they had. One relative said, "I come in at all sorts of different times and always find that [family member] is safe and cared for."

Staff had received training in how to safeguard vulnerable people against the risks of abuse. They were provided with guidance about how to report any concerns which included a 'whistle blowing' procedure. Information and advice about the risks of abuse, including contact details for the relevant local authority, was also displayed at the home. One staff member said, "It's a very safe place here and I wouldn't hesitate to challenge inappropriate behaviour and report it to a senior or the manager." We found that the manager had documented and investigated safeguarding incidents appropriately and reported them to both the local authority and CQC.

However, although most staff were knowledgeable about the risks and reporting procedures, some were unable to adequately explain what constituted abuse or how they would raise concerns externally. We spoke with the manager about this who assured us that immediate steps would be taken to raise staff awareness in this area, for example by discussing potential risks and reporting procedures at supervisions.

We found that safe and effective recruitment practices were followed to check that staff were of good character, physically and mentally fit for the role and able to meet people's needs.

Requires improvement

Is the service effective?

Our findings

People told us, and our observations confirmed, that staff obtained their consent before providing the day to day care they required. One person said, "They [staff] always ask me before doing anything. They don't do anything unless I've said it's OK first." We saw that staff asked permission before they provided any help or support, for example when they assisted people with limited mobility to move or use the toilet.

The manager demonstrated a good understanding of the Deprivation of Liberty Safeguards (DoLS). These apply when people who lack capacity have their freedom restricted, usually when it is in their best interests to keep them safe. We saw that applications had been made in line with Mental Capacity Act (MCA) 2005 requirements where necessary and appropriate.

However, we found that people's consent had not been obtained in line with the MCA 2005 in all cases. We also found that people's capacity to make decisions had not always been properly assessed or reviewed where necessary. For example, in some cases, although people had capacity to make their own decisions, relatives had provided consent regarding medicines, care and treatment on their behalf, even though it was unclear whether they were legally entitled to do so.

We also found that 'do not attempt cardio pulmonary resuscitation' (DNACPR) decisions had been taken in relation to a number of people without their proper involvement or consent. The basis as to why such fundamentally important decisions had been taken was also unclear in some cases. For example, we saw that decisions had been taken without people's consent because of 'frailty' or 'advanced dementia', rather than on the basis of mental capacity assessments and what was in their best interests. This meant that the requirements of the MCA 2005 had not been followed in all cases.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that their day-to-day health needs were met and they had access to health care professionals when necessary. One person said, "I get to see a doctor quickly if I need one. I get very well looked after here." A relative commented, "The staff are amazing and very quick to refer people to health professionals and call in emergency GP's if needed." We saw that people who lived with diabetes received daily support from specialist nurses and that GP's visited the home regularly to review and monitor people's health needs.

However, we found that one person who lived with diabetes had become unwell during the night before our inspection as a result of high blood sugar levels. Relatives told us this had been a recurring problem. Nursing staff on duty at the time became aware of the person's deteriorating health but failed to respond effectively. They did not take the steps necessary to reduce the risks involved but instead waited until the morning to pass the problem on to day shift colleagues. We also found that a person who experienced a number of significant and complex health conditions, which included a gangrenous leg, had not had their pain relief managed effectively or in a way that met their needs. This meant that the people concerned had not experienced safe or appropriate care and treatment. We discussed these issues with the manager who took immediate steps to ensure that their health needs were reviewed and met more effectively to reduce the risks.

This was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach corresponds with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were positive about the skills, experience and abilities of the staff who looked after them. One person told us, "Staff all seem very experienced and well trained, they know what they are doing." A relative commented, "All staff have been highly skilled in meeting my [family members] needs, getting to know the residents and finding out about them."

We found that most staff had received training and refresher updates relevant to their roles. This included areas such as moving and handling, medicines and infection control. Staff had also been supported to obtain nationally recognised vocational qualifications in health and social care and to receive additional training in subjects of particular interest to them. For example, some staff members have been selected to become 'champions' and share good practice in dementia care, nutrition and

Requires improvement

Is the service effective?

infection control. Staff told us that although there were still some gaps, for example in dementia care and how to manage behaviour that challenges, training at the home had improved significantly. One staff member said, "Training is really good now." This meant that people's needs were met by competent staff.

New staff were required to complete an induction programme and not allowed to work alone until assessed as competent in practice. Staff told us they had been supported in their personal and professional development during 'one to one' meetings [supervisions] with senior colleagues. One staff member told us, "They [the meetings] are a 'two way street' where we can raise problems. We get fantastic support and if we ask for more training we get it." This meant that people received care from staff who had been supported to develop the skills necessary to carry out their roles and responsibilities.

People told us they enjoyed the food provided at the home. One person said, "Always plenty of food, [I'm] never hungry. Great choices, snacks and drinks and they know what I like." A relative commented, "The food is excellent, absolutely brilliant. People have good menu choices which are displayed on the walls." We saw that staff had access to detailed information and guidance about people's specific dietary needs and requirements and knew what they preferred to eat and drink. One staff member said, "[Name] likes ham salad, you have to know what people prefer but still offer choices. For example, they also like two bowls of porridge for breakfast but sometimes prefer a cooked breakfast."

We saw that people had access to fruit juices and jugs of water in their bedrooms and were offered a range of hot and cold drinks and snacks throughout our visit. The chef was familiar with people's nutritional requirements and developed menu options designed to meet those needs, provide a healthy balanced diet and take account of people's preferences. A relative told us, "The food is really great here and there is good choice. They [catering staff] work hard to support people with specific needs." We found that people at risk of malnutrition had been provided with supplementary drinks and fortified food appropriate to their needs. Advice, guidance and support had been obtained from health care specialists such as dieticians and speech and language therapists (SALT) where necessary.

Good

Is the service caring?

Our findings

People told us they were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs and how they wanted to be supported and cared for. One person said, "The staff here are wonderful and I am happy." People's relatives also said that staff were very caring, attentive and helpful. One relative commented, "I have nothing but praise for the home and staff. I could not have asked for more care and kindness." Another told us, "My [family member] loves it here; it's like home from home."

We saw that staff had developed positive and caring relationships with the people they looked after. They provided help and assistance when required in a patient, calm and reassuring way that best suited people's individual needs. For example, we saw that one person became distressed when they were unable to put their slippers on properly. A staff member quickly went to their assistance and helped them while providing appropriate levels of comfort and reassurance. After a short while later the person laughed and joked with the staff member concerned about what had happened.

Another person who became anxious and upset was invited to sit in an office and talk with a staff member. They were encouraged to help with some basic administration tasks which had a calming effect and quickly relieved the person's anxiety. The staff member commented, "As far as I am concerned people get well looked after here, like I would look after my own mum." Another staff member asked a person if they were cold and offered to provide a blanket for their legs and fetch a cardigan from their bedroom.

However, we found that in areas of the home where people's dependency levels were higher and their needs greater, for example in the dementia care unit, staff were not always able to respond to people's needs quickly enough. Although staff were kind and caring, this meant that when busy, such as first thing in the morning and at meal times, they were often unable to relieve people's anxiety or provide the care and support they needed promptly. For example, when people displayed behaviour that challenged to others or needed help to eat or use the toilet.

People's relatives and friends were encouraged to visit the home when convenient to them. They told us they were involved in decisions about the care provided and that staff kept them informed of any proposed changes or developments. One person said, "My family and grandchildren come to see me often." Another commented, "I have reviewed my care plans with members of my family and staff." We saw that people had access to advocacy services if they wanted to obtain independent advice and that private and confidential information about them was held securely.

Staff knew most relatives and visitors by name and made them feel very welcome. We saw staff provide appropriate levels of comfort and reassurance to the relative of a person who had recently passed away. The relative, who had visited to thank staff for their kindness and support, told us, "I have been involved and updated from the outset. I cannot praise the staff here highly enough. They are so wonderfully kind, caring and professional. I have absolutely no concerns about the care here, my [family member] was extremely well looked after in every respect."

We found that personal care was provided in a way that promoted people's dignity and respected their privacy. One person told us, "Staff are nice and polite. They treat me like I feel I ought to be treated, like friends and family." A relative commented, "I am confident they look after [family member] well and with dignity."

We saw that staff knocked on doors and asked for permission before entering people's bedrooms. They also encouraged and supported people to change items of clothing that had become stained or dirty at mealtimes. We saw that some people with limited mobility were hoisted by staff to help them move, for example from their wheelchair to an arm chair. This was carried out in a professional, patient and caring manner by staff who explained the process step by step and adjusted people's clothing where necessary to maintain their dignity.

Requires improvement

Is the service responsive?

Our findings

People expressed mixed views about the opportunities available to pursue social interests or take part in meaningful activities relevant to their needs. One person said, "The activities are OK, there's always something going on and you can join in if you want to." Another person commented, "We sit around in the lounge not doing much, I do get bored."

Two full time activity coordinators were employed at the home Monday to Friday but not on weekends. Information about scheduled activities was displayed in picture and 'easy read' format appropriate to people's communication needs. These included fitness sessions, arts and crafts, games, bingo and quizzes. However, we found that people had not been adequately supported to access and pursue social activities or services in the local or wider community.

We also found the opportunities provided varied and lacked consistency across different units at the home. In the residential care unit we saw that staff spent time with people, both in groups and as individuals, and supported them with activities they wanted to do. For example, one staff member helped people chose a film and started to watch it with them while another read to a person in their bedroom. We also saw that a person was supported to pursue their interests in painting and music.

However, in the dementia care unit people were not adequately supported with activities or opportunities relevant to their particular care and support needs. One staff member said, "Activities are not very good. We [care staff] get involved if we can but don't always have the time. People don't get to go out much. Activities is the main thing that needs to be improved here, we have entertainment now and then but the residents need more stimulation. There is too much just sitting around in the lounge." This meant that the social interest and activity needs of people who lived with dementia had not been met effectively in all cases.

This was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This breach corresponds with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received personalised care that met their needs and took account of their preferences. One person said, "I get up when I want to which is quite early. They [staff] look after me in a way I like. I like to watch TV and the news in the morning." Another person commented, "I decide how I spend my day." We saw that people's rooms had been personalised with decorations, family photographs, flowers and ornaments of their choosing.

A staff member told us, "I love it here and I love my residents. I know them all really well, all of them."

We found that staff had taken time to get to know the people they looked and were knowledgeable about their likes, dislikes and personal circumstances. However, we found that the guidance and information provided about people's backgrounds and life histories was both incomplete and inconsistent in many cases. For example, we saw people had not always been asked about their employment, important life events or relationships that were important to them. In one case information about how a person liked to spend their time had not been reviewed or updated in five years and in another a person's social interests were limited to 'watching TV.' This meant that the guidance provided did not always help or enable staff to provide care and support tailored to people's needs.

People and their relatives told us they had been able to contribute to the assessment and planning of care and how they wanted it to be provided. We saw, for example, that people's preferences about the gender of staff who helped with personal care had been followed. A relative told us, "We regularly meet with staff and the nurses to talk about what is needed and how we would like things done. I definitely feel fully involved about what goes on." However, we found that people's involvement in care planning and reviews had not been consistently or accurately recorded in all cases. This meant that the guidance provided to staff may not have accurately reflected people's views.

People felt that staff listened to them and responded to any concerns they had in a positive way. One person said, "I have no complaints. If I have any worries or concerns the staff are great at listening and helping me to feel better." The manager held meetings with residents and their relatives to provide an opportunity for them to raise concerns, suggestions and to provide feedback. We saw that the manager took people's concerns seriously and used issues raised to improve staff awareness, the quality of care provided and to share good practice. For example, concerns were raised about the lack of opportunities for

Requires improvement

Is the service responsive?

people to use and enjoy the gardens. Plans have been introduced to develop the gardens, in consultation with the relative's social committee, to make them more suitable for everybody to access and benefit from. This meant that people were supported and encouraged to share their views and experiences of the home.

Good

Is the service well-led?

Our findings

People, their relatives, staff and healthcare professionals were all very positive about the management and leadership arrangements at the home. They were complimentary about the new manager in particular who they felt had demonstrated visible leadership and made a significant difference in the relatively short time they had been in post.

The manager, who has been supported by a general manager and the provider's compliance lead, was in the process of registering with the CQC at the time of our inspection. The role of 'clinical lead' has also been introduced to provide additional support and improve the quality of care and treatment provided.

One person told us, "The new manager is very good, very pleasant, approachable and walks about [the home]." A relative said, "The new manager has been excellent and very supportive. The home has improved lots since they arrived." A staff member commented, "The new manager is really nice and always says hello to the residents when they walk the floors. They talk to staff and thank us for all our hard work, it's nice to be appreciated."

We found that the provider and senior management team, having worked in close cooperation with the local authority and CQC, had made significant improvements in a number of areas since our last inspection. For example, additional care and nursing staff had been recruited and the reliance on agency staff reduced considerably, training provision had improved and staff felt valued as a direct result of supportive and consistent leadership. One staff member commented, "It's a thousand times better than it used to be. Staff want to stay now because they are supported and valued. We are also appreciated by residents and their families. It's a much better place." A relative said, "There have been many improvements since the new manager took over."

Staff told us they understood their roles and responsibilities and were supportive of the changes made by the manager. We found that staff at all levels recognised the challenges that remained and acknowledged the need for further, sustained improvement in a number of areas. For example, the manager was in the process of introducing an improved care plan format to provide staff with accurate information about people's needs.

Additional training in areas such as dementia care was also planned together with arrangements to ensure staffing levels and deployment reflected people's needs and dependency levels across different units at the home. A relative commented, "Dementia training has been introduced which is excellent; staff are now much better at caring for staff with dementia, looking after them well and meeting their needs, but more is needed to build on this."

The senior management team have linked in with a reputable professional care provider's association to obtain additional support, training and guidance. They have also worked closely with other health care specialists and organisations to obtain training for staff in areas such as pressure and palliative care.

The provider has introduced improved ways of helping the manager to monitor and reduce risks more effectively in areas such as infection control, medicines, wound and pressure care.

A relative said, "An excellent home that has really improved. Staff seem more committed and happier in their role [in last six months], they are more valued and supported by managers." This meant that people and staff had benefitted from an open and supportive culture that delivered improvements in care over time.

However, the provider and manager recognised that further steps were required in order to achieve consistent high quality care and sustainable improvements across all units at the home. To that end, comprehensive plans have been put in place to drive the further improvements required in an effective and timely way, particularly where on-going problems have been identified by the local authority and CQC. This means that the provider and senior management team has worked in close partnership with relevant organisations to deliver service improvement.

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
	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services This breach corresponds with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not take proper steps to ensure that each person was protected against the risks of receiving unsafe or inappropriate care.

Regulated activity	Regulation
	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines This breach corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not take steps to ensure people were protected against the risks associated with the unsafe administration of medicines.

Regulated activity	Regulation
	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment This breach corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not take steps to ensure that people's consent to care and treatment was obtained in line with the MCA 2005.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

This breach corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person did not take steps to ensure there were sufficient numbers of suitable staff available at all times to meet people's needs.

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.