

Aegis Residential Care Homes Limited

Ladydale Care Home

Inspection report

9 Fynney Street
Leek
Staffordshire
ST13 5LF

Tel: 01538386442
Website: www.pearlcare.co.uk

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 31 January 2017. At the last inspection in September 2016, we found the provider was not meeting fundamental standards and we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked them to make improvements regarding management of risks, medicines management, protecting people from abuse, staffing levels, staff skills and knowledge, meeting people's healthcare needs, maintaining people's privacy and dignity, person centred care, managing complaints, quality assurance and the reporting of incidents to CQC. Following the last inspection the service was rated as inadequate and placed in to special measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We undertook this unannounced comprehensive inspection on 31 January 2017 to check that the required immediate improvements had been made. You can read the report from our previous inspections, by selecting the 'all reports' link for Ladydale Care Home on our website at www.cqc.org.uk. At this inspection, we found some of the required improvements had been made. However, two of the breaches of Regulations we identified at our three previous inspections were still present.

Ladydale Care Home is registered to provide accommodation with personal care for up to 54 people including people with dementia and people with physical and learning disabilities. On the day of the inspection there were 38 people living at the home. Although there was no registered manager in post a new manager had been recruited shortly after the last inspection and had submitted an application to become the registered manager. A registered manager is a person who has registered 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 2008 and associated Regulations about how the service is run.

We found people were not always kept safe as risks were not consistently assessed or reviewed. People who presented behaviours that may challenge others were not always supported appropriately and guidance for staff was not available to ensure they received safe, consistent support. Improvement had been made to the systems used to manage medicines; however some people's medicines were out of stock on the day of the inspection.

The provider had not always ensured that risks posed by potentially unsuitable staff were effectively managed to protect people. There were sufficient numbers of staff to respond to people's care and support needs. People told us the presence of care staff enabled them to feel safe.

People were not always appropriately supported to make decisions for themselves. Assessments of people's

capacity to make certain decision about their care had not always been fully carried out. This put people at risk of having decisions made on their behalf without their consent. Improvements had been made in the way people were supported to access specialist healthcare supported when required, however improvements in how staff followed the advice given were required.

Improvements had been made to staff training, and people were now supported by staff who had received training relevant to their role, although there were still some gaps in staff knowledge, particularly in relation to supporting people to make decisions. Where the provider had taken action to deprive people of their liberty this had been done lawfully. People were happy with the food and drink they received and help was available from staff to support people with their meals.

Improvements had been made to how staff supported people's right to be treated with dignity. We observed examples of staff supporting people in a respectful and dignified way. People's individual preferences were known by staff and where possible their independence was promoted. People described staff as kind and caring and staff used positive language when supporting people and welcomed visitors in to the home.

People knew how to raise a concern if they were unhappy about the care and support they received and there were systems in place to manage any complaints received. Positive changes had been made to the information held in people's care records, which offered guidance to staff about how to support people, however further improvements were still required to ensure people received safe, consistent care. People were supported to follow their interests and hobbies and activities provided on a daily basis were engaging and fun.

There were systems in place to monitor the quality of care provided, however these had not always been effective at identifying the concerns found at our inspection. The manager acknowledged that further improvements were required in relation to the monitoring of the service carried out by the management team. People and staff recognised there had been significant improvements made since the arrival of the manager, shortly after our last inspection. People and relatives were now been offered opportunities to give feedback about the service and staff felt involved in the on-going improvements and future plans for the home. The manager demonstrated a good understanding of the requirements of their role and had notified us of events required by law.

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.

Risks were not consistently assessed and managed to protect people's health, safety and well-being. Improvement had been made to systems used to manage medicines; however actions were required to ensure people's medicines were available to them when required. There were sufficient numbers of staff available to respond to people's care and support needs. People felt safe living at the home.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's capacity to make decisions about their care and support had not always been appropriately assessed. Staff were unclear about their responsibilities when supporting people who lacked mental capacity. People were not always supported to access specialist healthcare support when required, and there were still delays in how the staff team implemented any recommended changes to people's support. People were happy with the food and drink provided and it was sufficient to maintain their health.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by staff who treated them with dignity and kindness. Language used by staff was positive and encouraged people to maintain their independence. People described staff as kind and caring and felt they were listened to. Staff were aware of people's preferences and people were offered choices about their daily living.

Good ●

Is the service responsive?

The service was not always responsive.

People knew how to complain if they were unhappy about the care they received. Improvements were still required to the

Requires Improvement ●

guidance available to staff about how to meet people's individual care needs and provide consistent care and support. People were happy with the activities available to them and felt they were supported to follow their interests.

Is the service well-led?

The service was not consistently well-led.

Systems used to monitor the quality of care provided had not always been effective at identifying the issues found at our inspection. Improvements had been made to ensure people, relatives and staff were consulted about the development of the service. People and relatives were aware of who the manager was and people and staff recognised that improvements had been made to the quality of care people received.

Requires Improvement 

Ladydale Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 January 2017 and was unannounced.

The inspection team consisted of two inspectors. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and the clinical commissioning group (CCG) for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We spoke with seven people who lived at the home, one relative, a healthcare professional, six staff members, one of the deputy managers and the manager. We looked at six records about people's care and support, 10 medicine administration records, three staff recruitment records and quality assurance audits which were completed by the manager and senior staff.

Is the service safe?

Our findings

At the last three inspections we found the provider was not adequately assessing or managing the risks to people's safety and welfare. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this most recent inspection we found improvements were still required.

We found that risks to people's safety and well-being had not always been consistently assessed or reviewed. For example, one person had received advice from a healthcare professional about how staff should support them with their mobility, to reduce their risk of falling. The healthcare professional had advised that the person needed supervision when walking; however we observed times when the person was not supported. This meant they were at risk of falling. We spoke to two staff members to gain their views on how the person should be supported, they both expressed differing views. The person was placed at potential risk of harm through a lack of consistent staff support and a failure to share guidance and information.

We reviewed risk assessments relating to how staff supported people in the event of an evacuation of the home. We found guidance for staff did not always reflect people's current needs, for example what support with mobility people would require to evacuate the home. This meant people may be placed at risk of receiving unsafe or unsuitable support in the event of an emergency.

One person had a care plan to enable staff to offer the right support to them when they presented with behaviours that others may find challenging. Information was provided for staff about how the person may present when anxious or distressed, but offered no guidance as to how staff should safely support the person to keep them and others safe. Although staff we spoke with told us they felt confident they could provide effective support to the person; the lack of guidance could mean that new staff members, or staff members who are unfamiliar with the person, may not have the information required to support the person appropriately. The person had also been involved in incidents which staff had recorded and referred to the relevant authorities, however their care plan had not been reviewed to reflect the incidents, or any changes to the support they required. This meant people continued to be placed at risk of potential harm.

People told us they received their medicines on time and as prescribed by their GP. One person told us, "I get my medicines as I should. I am happy with that." However, we reviewed people's medicines records and found that some people's medicines were not available on the day of inspection and some had been out of stock for the two previous days. This meant people's medicines were not always available to be administered as prescribed. We spoke with the manager who told us the issue had been identified and new stock had been ordered, however they had still not been received at the home. The manager made arrangements to ensure the medicines were re-ordered during the inspection.

Where people used prescribed creams to protect fragile skin we found guidance was not always consistent, resulting in staff members being unclear about where and why creams should be applied. Directions for staff members on how to apply creams were not always available and not all skin care plans were up to date.

This placed people at risk of developing sore skin.

Staff told us that they were required to have pre-employment checks before they were permitted to start work at the home. We spoke with the manager who told us about the recruitment process and how they ensured they employed people with relevant skills and experience. The provider had carried out checks with the Disclosure and Barring Service (DBS) before staff were able to start work at the home. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. However, we looked at three staff recruitment files and found one example where concerns had been identified about the suitability of the staff member, but there had been no action taken in response to this. Although the provider had identified the concerns they had not ensured the potential risk was safely managed to ensure people were kept safe.

The above evidence shows that people continued to be at risk of receiving unsafe or unsuitable care. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last three inspections, we found that people were not consistently protected from the risk of abuse or avoidable harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and people were no longer at risk of abuse and avoidable harm.

Staff understood their responsibilities in recognising and reporting suspected abuse and knew to raise concerns with both the manager and other external agencies if necessary. One staff member told us, "If I had concerns I would go to the manager or the person in charge at the time. We've got the phone number for the local authority and CQC if we need to escalate any concerns." Another staff member told us they had reported concerns in the past and said the way in which the provider had dealt with this had given them confidence to report any future concerns. The manager told us they had taken a proactive approach to managing safeguarding concerns and had discussed all incidents in relation to people's safety and well-being with the local authority safeguarding team. The manager told us, "We need to rebuild people's confidence in us. I have instructed the staff that I need to be notified straight away of any concerns." We spoke with the local authority safeguarding team who advised that the service was now contacting them if they had concerns that people might be at risk of harm.

At our last three inspections, we found that staff were not always available to keep people safe or meet people's care needs and preferences. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this most recent inspection we found the provider had responded to the concerns and staff were now available to provide care and support in a way that met people's needs as and when they needed it.

People told us there were staff available to assist them when they needed them. One person said, "There are always staff around. If you need staff at night you just press your buzzer; they come quite quickly." Another person told us they sometimes had to wait if they needed support with personal care, but that the wait, "was not too long." Staff we spoke with told us there had been an increase in staffing levels since the last inspection and this had improved the care and support people received. One staff member said, "Staffing is much better than it used to be, I don't know how we coped. Now there are more of us we can help people when they need us."

We spoke with the manager about staffing levels and they shared with us a staffing dependency tool the provider had recently introduced which would assist them in assessing the current staffing requirements.

The manager told us they were confident that current staffing levels were adequate for the current number of people living at the home but that this would need to be reviewed when new people moved in. A recruitment process was currently underway and the manager acknowledged that until new staff had been recruited they were reliant on a number of agency staff who covered the vacant roles.

We spent time in the communal areas of the home and observed people receiving support throughout the day. We found that for the majority of the time staff were present in communal lounges and dining rooms and were available to respond to people when they needed care and support. During mealtimes, when previously people had not received appropriate levels of support, we found staff supported people on a one to one basis with their meals, ensuring people were not kept waiting once their meal had been served.

All of the people we spoke with told us they felt safe. One person told us, "I feel safe; there are carers around if we need them." Where people were not able to express their views we saw they appeared comfortable and relaxed when in the presence of staff members.

Is the service effective?

Our findings

At our last three inspections, we found that the requirements of the Mental Capacity Act 2005 (MCA) were not always followed or met. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found although some improvements had been made, further action was required to ensure people were protected by the appropriate implementation of the MCA.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Although staff told us they had received training in MCA staff we spoke with were unclear about how to apply their learning to the care and support they provided. We found that assessments of people's capacity to make certain decisions had not been completed correctly, meaning guidance available to staff may have resulted in people being supported in a way that did not promote their human rights. For example one person's capacity assessment gave conflicting information to staff about whether the person could consent to a certain activity, this placed the person at risk of being prevented from making their own decisions, should this be possible.

We found examples of equipment being used to monitor people's whereabouts without them, or their representatives having been consulted. There was no evidence to suggest the provider had reviewed the person's capacity to make a decision about the monitoring equipment, or that the decision had been made in people's best interests. We asked two staff members about the support one person received in relation to decision making. Staff told us they were unclear about how the person should be supported to make decisions as they did not regularly support them. This meant staff may be at risk of making decisions on behalf of the person without their consent. We looked at another person's care records and found that although they had been assessed as lacking capacity to make decisions, there was no evidence to suggest they had consented to live at the home or if they were happy to remain living there. We discussed these concerns with the manager who acknowledged there were knowledge gaps within the staff team in relation to assessing people's capacity and ensuring people had, where possible, consented to their care and support.

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

At our last inspection, we found that people were at times being deprived of their liberty in an unlawful manner. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found although some improvements had been made, further action was required to ensure people were protected by the appropriate implementation of the Deprivation of Liberty Safeguards (DoLS).

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We reviewed the care records of people living at the home who were currently deprived of their liberty and found the conditions applied to the authorisation had been actioned. However, we found information in people's care records did not always reflect their current needs which meant that staff may be unlawfully depriving people of their liberty. For example, monitoring equipment had been introduced for one person although their records did not reflect their involvement in this decision.

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

We discussed DoLS with the manager who advised there were a number of people who they had submitted applications for, but were awaiting a response from the local authority. They also told us there were a number of people who had fluctuating capacity who they had discussed with the local authority and sought guidance as to whether or not a DoLS application was required.

At our last three inspections, we found people's health needs were not effectively monitored and managed to promote people's wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found some improvements had been made. However further improvements were still required.

We found improvements had been made in the way the provider had sought advice from external healthcare professionals and saw a number of examples where appropriate referrals had been made in order that people had their healthcare needs met through specialist assessment and guidance. However, we found examples where professional advice had been sought in order to provide people with up to date care and support, but the advice given had not been acted upon in a timely way. On one occasion equipment had been recommended for a person to reduce the risk of falls, however there was a delay of ten days before the equipment was put in place, with no explanation of how staff should manage this risk in the meantime.

Another person had been identified as requiring specialist mental health support. Although this need had been identified following an incident, the referral to the Community Psychiatric Nurse (CPN) had not been made. This meant the person was at risk of not receiving appropriate support. In response to concerns raised at the last inspection we found that people's weights were now being effectively monitored and managed to promote their health and well-being.

We spoke with a visiting healthcare professional who told us they felt the standard of care had improved at the home. They said, "If staff are concerned about people, other than those I've come to see, they will always ask me to meet them. Things have improved recently; I have seen an improvement in people's care."

At our last three inspections, we found staff did not always have the knowledge and skills to meet people's needs effectively and safely. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had responded to our concerns and improvements had been made. People were no longer at risk of receiving care and support from staff who did not have the skills and knowledge required to meet their needs.

People told us they received support from staff who were trained to meet their care and support needs. One person told us, "The staff are very good, I've lived here for a while now and I think they understand what I

need." We observed staff supporting people with their mobility and movement and saw this was completed safely with staff offering reassurance throughout. Staff told us they felt they received training which equipped them in their roles and enabled them to meet people's needs. One staff member said, "I recently did some training in dementia. It was the most interesting training I've done. It helped me understand people better and I've been able to apply what I learned when I'm supporting people." We spoke with the manager about staff knowledge and training and they shared with us their training plan. They told us work to identify urgent and non urgent training was currently under way to ensure all staff members had up to date training.

Staff told us they were given an induction when they began working at the home. One staff member said, "I was given an induction. I had already worked in care so part of that was checking my training and knowledge. It was helpful and gave me information about the people we support."

People told us they were happy with the food and drink provided. One person told us, "The food is good, I really enjoy it." Another person told us, "The choice of food is very good. They will do something special if there's nothing there you like." We observed lunchtime and saw people were offered a choice about the meals available and their preferred choice of drinks. People were given the option of where to have their meal and as a result some people ate in their rooms, or in the lounge or dining room. Lunchtime was a relaxed experience and people who required staff support with their meal were appropriately supported. Staff were aware of people's preferences as well as people's like and dislikes and people were encouraged to be as independent as possible while eating their meals. We observed that drinks were available throughout the day and staff prompted people to maintain their fluid intake by regularly offering them drinks they enjoyed.

Is the service caring?

Our findings

At the last inspection in September 2016 we found people's right to be treated with dignity was not consistently promoted. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and people were now receiving support in a dignified way.

We saw examples of staff maintaining people's dignity in the way they supported them. For example ensuring bedroom and bathroom doors were closed when in use, and being discreet when asking people about personal care. We also saw staff knocked on people's doors before entering their rooms and allowed people their own time and space. One person told us, "I enjoy spending time in my room, and staff are fine with that. I prefer to be on my own and that is respected." Another person told us, "The staff are nice, they leave my door open and I like that. I know someone is there."

At the last inspection in September 2016 were found people did not always received care in accordance with their needs and preferences in relation to their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection there was no one living at the home who was receiving end of life care; however we did find improvements had been made in relation to people receiving care and support that met their preferences. For example, people received support to eat and drink which reflected their individual preferences.

Language used by staff was supportive and positive. We observed staff calling people by their preferred name and prompting them in a quiet yet supportive way. For example, one staff member encouraged a person to walk by themselves across the lounge area, while discreetly offering verbal support and positioning themselves near to the person.

People told us staff were caring and everyone we spoke with described their care as good. One person said, "The staff are very good, they are very kind." Another person told us, "Nothing is too much trouble for the staff here." We found there was a light heartened atmosphere in communal areas of the home and people were happy and relaxed.

We saw that staff had good relationships with people and knew their personal histories. One person told us, "Staff know me well." Staff were able to tell us about people's likes and dislikes and their preferences. We saw that staff responded to people in a caring way and reassured people when they were showing signs of anxiety. For example one person became distressed during lunchtime and staff responded quickly by offering reassurance and asking them if they wanted to talk about their concerns. We observed staff encouraging people to maintain their independence with their mobility and activities. People who required minimal support at meal times accessed their own meals, cutlery and napkins and were seen to enjoy this aspect of their daily living.

People were involved in decisions about their everyday care and support and people told us they felt staff listened to them. One person said, "I find staff do listen to me and act on what I say." Another person shared

with us how staff had responded to their request to personalise their bedroom. They told us, "The man has been to put some more of my photos up, I'm pleased with that." We saw people were involved in decisions about how and where they spent their time and although staff were aware of people's usual choices, they still offered different options to ensure people were making their own choices and decisions.

We observed visitors were present throughout the day and were welcomed by staff and offered drinks. People were offered a choice of where to spend time with friends or family members and staff knew visitors by name. One person told us, "I feel the staff are very generous to visitors, they are always offered a cup of tea."

Is the service responsive?

Our findings

At the last inspection we found improvements were required in staff knowledge about how people's needs should be met. At this inspection we saw positive changes had been made to the quality of information held in people's care records, however further improvements were still required.

We found people's care records were not always accurate or up to date, or did not contain the level of detail required to ensure people received consistent care and support which was reflective of their needs. We observed a number of examples where staff provided people with inconsistent support, for example, with their mobility. Another person's records advised staff that a person required reassurance at night, however there was no guidance about how this support should be provided. This meant people were placed at risk of receiving inconsistent care which may not meet their individual needs.

The manager told us they had begun work to improve the quality of information available to staff to ensure people's care and support was person centred and met their individual needs. They acknowledged that more work needed to be done to ensure staff were working consistently and providing people with up to date, relevant, care and support.

At the last two inspections we found effective systems were not in place to manage people's complaints about their care. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this most recent inspection we found improvements had been made and the provider had established a system to effectively manage complaints.

People told us they knew how to make a complaint if they were unhappy about the care and support they received. One person said, "If I was unhappy I'd tell the staff. I'm sure they would listen and take action." Another person told us, "I'd speak to staff if I wasn't happy, or the manager." We looked at the log of recent complaints and found the manager had developed systems to ensure complaints were investigated and responses provided to the complainants. We looked at two complaints that had been received in the month prior to the inspection and found both of these had been resolved and the complainant had been happy with the outcome. Actions had been taken following the complaints and in one case, changes had been made to the system used for monitoring supplies of incontinence aids as an improvement after concerns were raised.

We observed interactions between the manager and people's relatives and saw they had a warm friendly approach. We observed one relative asking to speak to the manager about a matter of concern and the manager responded by arranging a suitable time for the person's relative to meet with them.

People told us and we saw that activities took place on a daily basis. People were able to tell us how they had been encouraged by staff to take part in activities that interested them. One person said, "I enjoy bingo and that's offered regularly". Another person told us, "There are always activities going on. You don't get bored around here." Staff encouraged people to take part in games and activities and gave clear descriptions about what was about to take place so people could make an informed choice about whether they joined in or not. The atmosphere during planned activities was light-hearted and it was clear from the

laughter that people enjoyed themselves. We observed that people made their own choices about how to spend their time. One person was supported to go out, some spent time reading in their rooms while others took part in organised group activities. One person told us, "There are plenty of activities to keep you occupied, we've got dominoes this afternoon. We observed that when planned activities were not taking place staff engaged people in discussion or conversation about current affairs or television programmes they had recently watched.

Is the service well-led?

Our findings

At the last three inspections we found effective systems were not in place to assess, monitor and improve quality and manage risks to people's health and well-being. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this most recent inspection, we found although some improvements had been made, further action was required to ensure people were protected by effective systems to monitor the quality of care provided.

We found systems to monitor the standard of care provided had been introduced and these had been effective in identifying some areas of improvement. Where shortfalls had been identified we saw the manager had plans in place to drive improvements and raise the standard of care provided. However, audits had not been effective at identifying some of the areas highlighted during the inspection, for example, the quality of MCA assessments, medicines ordering errors and the lack of detailed guidance available for staff in newly written care records. This lack of effective auditing and oversight meant that people did not always receive safe consistent care that was responsive to their health, care and support needs. People were also at risk of being unlawfully restricted; as DoLS applications had not always been submitted for people who the manager considered may be deprived of their liberty.

We discussed medicines audits with the manager who told us senior staff carried out regular audits; however these audits had not identified the issues found during the inspection. The manager told us they planned to introduce a new system for auditing the medicines which they hoped would identify when people's medicines were running low. The manager acknowledged that further work was required to ensure standards were raised and audits were effective at identifying any areas of improvement.

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

The manager tracked the progress of any safeguarding referrals, or DoLS applications and took action where necessary to progress these. The manager shared with us how these systems gave them an opportunity to identify any patterns or trends in incidents or accidents which meant they could act to reduce the likelihood of them happening again. Other audits included health and safety, falls monitoring and monitoring of people's fragile skin. The manager told us they felt the provider was supportive of the changes they had made and was available to offer support when needed. The manager told us, "There has been an improvement in terms of accountability. In the past people's needs were not being met but staff are now taking responsibility and we are trying to create an open and honest culture."

The manager, who had been appointed shortly after the last inspection, was present in the home on a regular basis and people, relatives and staff knew who they were. We saw that the manager had a good understanding of people's needs, and people were comfortable engaging with them. We spoke with the manager who explained the changes they had made since the last inspection. They were honest about the improvements that had been required and were confident they had made positive improvements to the service. The manager told us they had applied to register with us as a registered manager and they

demonstrated a strong understanding of their responsibilities as a potential registered person. We reviewed the information we held about the provider and saw they had notified us of things they were required to do so by law.

People and their relatives were now being given an opportunity to contribute to the improvement and development of the service. The manager told us and we saw from records, that meetings were now taking place to provide people and their family members with opportunities to give feedback about the home and the care they received. We saw that actions taken in response to these meetings were shared with people and relatives. For example, a 'You said, We did' document was available in the entrance hall of the home. People told us they were happy with the changes made by the manager. One person said, "The manager is doing very well. They have told me they are enjoying it and I've noticed some differences around here. There is more information available to guide you."

Staff told us they were able to give feedback through team meetings and one to one meetings as well as informally by speaking directly with the manager. One staff member said, "The manager is very approachable. We have team meetings, and daily handover which are all used to share information about people's needs." Another staff member told us, "The manager is very approachable and supportive. They are improving things."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to</p> <p>(a) <input type="checkbox"/> Assess, monitor and improve the quality and safety of the services provided.</p> <p>(b) <input type="checkbox"/> Assess, monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk.</p>