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Epsom Lodge

Inspection report

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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?

Inadequate 

Summary of findings

Overall summary

Epsom Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Epsom Lodge is registered to provide accommodation and personal care for up to 13 people. There were six people living at the service at the time of our inspection.

This inspection site visit took place on 15 March 2018 and was unannounced.

There was no registered manager in post on the day of the inspection. 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. Instead we were supported by the two Providers.

At the last inspection on 3 October 2017, we asked the provider to take action to make improvements. This related to the safety of people, how people were being safeguarded against the risk of abuse, staff training, the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), the involvement of people in their care, how people were respected, activities for people, the leadership at the service, the quality assurance and how complaints were being responded to. We found at this inspection that whilst some areas had improved, for example in relation to safety, safeguarding, care planning, MCA and DoLS, there were continued concerns around leadership, staff training, staff supervisions and complaints.

Staff had not always received training and supervision to support them in their role. Staff at the service had not always had robust recruitment checks undertaken before they started work. The business continuity plan contained very little detail around what needed to happen in the event of an emergency. People and their relatives were not supported when making decisions about their preferences for end of life care.

There were not always effective systems in place to assess the quality of care and to make improvements. We identified gaps in recruitment, training, supervisions and complaints that were not picked up in a timely way through audits. Complaints were not always investigated, recorded and responded to appropriately. Other audits were taking place that were used to make improvements. Staff meetings and surveys were undertaken to gain feedback.

There were appropriate levels of care staff to support people when they needed it. However we have made a recommendation about ancillary staff. The management of medicines was safe and completed by staff who had the appropriate training.

There were appropriate plans in place to ensure that risks to people were managed. Staff understood what

to do to minimise risks in relation to people. Personal emergency evacuation plans were in place and staff understood what they needed to do to support people. Where people had accidents and incidents, actions were taken to reduce the risk of them reoccurring. People told us that they felt safe with staff. Staff had a good knowledge of what they needed to do if they suspected abuse.

The service was homely. The provider advised that improvements were going to be made in relation to environment to meet the needs of people living with dementia. People enjoyed the meals at the service and said they had sufficient choices. People's health care needs were monitored including weight loss and any changes in their health. People had access to appropriate health care professionals where needed.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate assessments had been completed where people's capacity was in doubt and applications to the Local Authority were submitted if people were being restricted in their best interest.

People told us that staff were kind and caring and treated people in respectful and dignified way. This was confirmed through our observations. People felt involved in their care planning. Relatives and friends were welcome to visit people at the service.

People had activities that they could be involved in. People that were potentially socially isolated in their rooms had one to one activities arranged for them. Other than end of life planning, care plans were detailed and included specific guidance for staff to ensure that people's needs were met. Staff communicated changes to each other about any changes in people's care.

People and staff felt that there had been improvements at the service. We could see that the staff team worked well together and that staff enjoyed working there. The provider had informed the CQC of significant events including incidents and accidents and safeguarding notifications.

The overall rating for this service is 'Requires improvement'. However, we will continue to keep the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

We found continued breaches of regulation. You can see what action we took at the bottom of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Recruitment practices were not safe as relevant checks had not been completed before staff commenced work.

There were sufficient care staff to meet the needs of people.

Appropriate plans were in place to assess and manage risks to people. In an emergency staff understood what they needed to do. However the business continuity plan required more detail should an emergency occur.

People were protected against the risk of abuse and neglect. Staff understood what they needed to do to protect people should they have safeguarding concerns.

Medicines were stored, administered and disposed of safely. Accidents and incidents were acted upon and measures were in place to reduce the risks.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff had not always received training and supervision specific to their role.

The provider was making improvements to the environment in relation to those people that were living with dementia.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good ●

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy was respected and promoted. Staff were happy, cheerful and caring towards people. People were involved in their care planning.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People and their relatives were not involved in discussions about end of life care.

Complaints were not always investigated and responded to in a timely way. Advice given to people about the complaints procedure was not always correct.

Other information regarding people's treatment, care and support was reviewed regularly and shared with staff. There was sufficient guidance for staff in relation to people's care.

People had access to activities and people were protected from social isolation.

Is the service well-led?

Inadequate ●

The service was not well- led.

There were insufficient systems in place to regularly assess and monitor the quality of the service the service provided. The provider had not met all of the breaches in regulations from the previous inspection.

The provider had not actively sought, encouraged and supported people's involvement in the improvement of the home.

Staff were able to attend meetings and told us that they were able to approach the providers when they needed to. There were some audits taking place that were ensuring improvements at

the service.

Appropriate notifications were sent to the CQC.

Epsom Lodge

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 15 March 2018 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is because we were following up on breaches from the previous inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with the registered providers, three people, and four members of staff. There were people that were unable to verbally communicate with us; instead we observed the care provided by the staff at the service. We looked at a sample of two care records of people, medicine administration records and training, supervision and three recruitment records for staff. After the inspection we were provided with records that related to the management of the service.

Is the service safe?

Our findings

People were not protected from being cared for by unsuitable staff because robust recruitment was not in place. All staff had undertaken enhanced criminal records checks before commencing work and application forms had been fully completed; with any gaps in employment explained. However satisfactory evidence of staff conduct in previous employment had not been sought. The provider advised us that two references were required before staff started work. Of the three recruitment files that we reviewed one only had a record of one verbal reference, the other two files second reference was from the same colleague who already worked at Epsom Lodge and was also related to one of the applicants. All three members of staff were already working which posed a risk as appropriate background checks had not taken place.

As the recruitment procedures to ensure that staff employed were not fit and proper this is breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection in October 2017 we found that care and treatment was not being provided in a safe way, medicines were not being managed safely, accidents and incidents were not always recorded and analysed and people were put at risk because appropriate infection control was not being followed by staff. At this inspection we found that this had improved.

Incidents and accidents were recorded and action taken to reduce the risks of them reoccurring. We followed up on recorded incidents and found that steps had been taken to reduce the risks. One person had nearly choked on their food when eating. A referral to the speech and language therapist (SaLT) was undertaken and steps were taken in the meantime to ensure the person's meals were soft to prevent the risks.

One person we spoke with told us that they felt safe. They said, "If I ring my buzzer they [staff] come straight away."

Assessments were undertaken to identify risks to people. Risks were assessed in relation to people's nutrition, dehydration, mobility, skin integrity, choking and risk of abuse. The care plans identified the potential risks to people and gave instructions and guidelines to staff in order to manage those risks. Staff were aware of the risk assessments in people's care plans and how to keep them safe. One member of staff told us, "You have to watch when [person's name] is eating as sometimes she isn't swallowing. You have to watch that she doesn't choke and check that there isn't food left in her mouth. Food has to be soft." We saw that the person was offered soft food on the day of the inspection. Where appropriate food and fluid charts were in place to ensure that staff were aware of what people had drunk and eaten. We did raise with the provider that staff were not always totalling each day what people had to drink. They told us that they would address this.

Staff were aware that each person had a personal evacuation plan (PEEP) in place in the event there was an emergency. PEEPs were available in reception so that they could be easily accessed. One member of staff said, "If there is a fire I know how to evacuate and where to take them outside." There was a business

continuity policy however this lacked detailed information about what needed to happen in the event of an emergency such as a loss of electricity or where people would be evacuated to in the event of an emergency. After the inspection we were notified by the provider that there was a more detailed business continuity plan in place.

At the previous inspection in October 2017 we made a recommendation around the staff levels to ensure that appropriate numbers of staff were available to support people. At this inspection we have made the same recommendation.

On the day of the inspection people were supported by appropriate levels of care staff. When people needed support staff were able to assist quickly. On the day of the inspection one of the providers was cooking lunch however on other days this was left to the care staff to do. One member of staff said, "There are two carers on duty each day and then [the other provider] will come in later on." They told us that often they would be left to cook the meals and told us, "It would help to have a cook and give us more time to spend with residents." One of the providers told us that when they did not cook meals, "One of the other staff will do it." They told us that they were looking to recruit a cook but that, "It's not a priority for us at the moment and we are struggling to recruit because of the hours we have to offer."

People were protected against the spread of infection within the service. The environment was clean and smelled pleasant. Staff had received training in infection control which they put into practice to help keep people safe. Since the last inspection the provider had installed a sink in the laundry room so that staff could wash their hands without having to leave the room. However we also raised at the last inspection that there was no designated area for the clean and dirty laundry to be handled. This has still to be addressed by the provider.

There were safe medicines administration systems in place and people received their medicines when required. Each Medicine Administration Record (MAR) had a photo of the person for identification. There were medicines prescribed on an 'as required' (PRN) basis and these had protocols for their use. Medicines were stored appropriately in a medicine trolley. There was a list of all the members of staff signatures at the front of each MAR chart. All of the staff that were administering medicines had been competency assessed to ensure that they had the skills required to do this safely.

At the previous inspection in October 2017 we found that people were not always protected against the risk of abuse. At this inspection we found that this had improved. The provider had ensured that the local authority had been notified of any safeguarding concerns. We found that detailed investigations took place and measures put in place to protect people. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One member of staff told us they knew what signs to look for that someone may be being abused and said, "Straightaway I would report it if witnessed abuse or poor practice." Another member of staff said, "If I suspected something I would tell the manager straight away."

Is the service effective?

Our findings

At the previous inspection in October 2017 we identified that staff did not always have the skills and knowledge to provide effective care. We found that on the whole this had been addressed although there were areas that required improvement, particularly around staff supervision.

Staff were not always sufficiently supervised. The service policy stated that, "Staff appraisals will link with formal supervisions of staff which will be carried out on a 12-weekly basis." However the provider was not following their own policy in relation to this. Three staff that had started working at the service since the last inspection and two of these staff had received supervision to review their performance. After the inspection the provider sent us a record of supervisions that had taken place however not all staff were mentioned on the matrix. One other member of staff that who was listed had also not received supervision. There was also no evidence that staff had received an appraisal at the service. Staff who do not receive regular supervision or an annual appraisal would not have the opportunity to review their practice and discuss their development opportunities with their manager.

Staff had not always received appropriate training. We asked the provider to send us a training record after this inspection. One of the newest members of staff did not appear on the training record. There was evidence in their recruitment file that they had received infection prevention and control, health and safety and safeguarding training; however there was no evidence that they had received fire safety training, basic first aid, moving and handling, food hygiene, Control of Substances Hazardous to Health (COSHH), dementia awareness and Mental Capacity Act (MCA) training. These all formed part of the provider's mandatory training. There were other gaps on the training record provided. Out of 14 staff 10 had not received training in MCA, eight had not received COSHH and five had not received training in first aid or dementia awareness. The lack of mandatory training meant that staff may not be working in accordance with best practice and the provider's standards and expectations.

As there was a lack of staff training and supervisions this is a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider showed us evidence that they were introducing additional face to face training with an training provider and that they were encouraging staff to complete their Diploma in Health and Social Care (a work based qualification which recognises the skills and knowledge a person needs to do a job.) Staff told us that they enjoyed the training that was provided. One told us, "Training is very insightful. I enjoy it and I'm starting my NVQ2." Staff that had attended supervisions with their manager told us that they found them useful. One told us, "I do have one to ones and it's a chance to talk about problems."

On the previous inspection in October 2017 we had identified the requirements of the Mental Capacity Act (MCA) were not always followed. There was a lack of decision specific mental capacity assessments for people and people's consent to their care was not always being sought. On this inspection this had improved.

The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day-to-day matters. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. There were mental capacity assessments in place for people accompanied by evidence of best interest meetings. For example in relation to every day care and the locked front door. One member of staff told us, "You assume people can make decisions and if I am in doubt (about their capacity) I would speak to my line manager as the person may need an (MCA) assessment."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that DoLS applications had been completed and submitted in line with current legislation to the local authority for people living at the service for example in relation to the locked front door.

We asked people their thoughts of the food at the service and whether they had choices. One person said, "The food is very nice. Most days you get a choice. They let me have the things I like."

People received the nutrition and hydration they needed. We observed lunch being prepared in the morning and people were being offered a choice of two main meals prepared with fresh ingredients. There was guidance in the kitchen in relation to people's dietary needs. One person required a soft meal and there was information displayed on how the person's meal should be given and the support needed for them when they ate. People were offered drinks throughout the day. Meals were freshly prepared each day and people had a choice of eating in their rooms or at the dining table. The provider advised us that they were looking to introduce pictorial menus for people so they had a visual choice of what was on offer.

There was evidence in care plans that a range of healthcare professionals were involved including district nurse, GP, SaLT, optician and dentist. Where people had lost weight this was monitored carefully by staff and where necessary dieticians and speech and language therapists were involved in their care. Where people required their meals and drinks to be recorded this was being done. One person told us, "They [staff] are very quick at making GP appointments." The person told us that staff had recently referred them to the GP to review their hearing. The person said, "I saw the GP the very next day."

The environment was homely and allowed for people (who were able) to walk around independently. We saw one person access the garden throughout the day. We were informed by the provider's consultant that further improvements were being made in relation to the environment for those people living with dementia. They told us, "I have discussed signage for orientation and other reasonable adjustments in line with current best practice, and these are improvements that will be made in the near future." We will check that these improvements have been implemented at the next inspection.

Is the service caring?

Our findings

At the previous inspection in October 2017 we found that there was not sufficient interaction with staff for those people who were being cared for in their rooms. We found that this had improved on this inspection.

People told us that they thought staff were kind and caring. One person told us, "The staff are very caring. They ask me, 'Can I have a hug?' which is very nice." The person said, "They check on me all of the time, ask me if I'm alright and keep me going."

We observed examples of kind and caring interactions between people and staff. One member of staff said to a person, "Did you enjoy your Communion? Would you like a cup of tea?" We could see that the person appreciated being asked and smiled at the member of staff. Another member of staff rubbed the hand of another person and asked if they were alright. The member of staff offered them a drink and brought them a selection of biscuits on a plate. On another occasion a member of staff sat by a person asking them if they needed anything and chatted to them. We saw a member of staff go into a person's room and place a blanket over their knees to ensure they were warm. Throughout the inspection staff stopped to speak to people. Those people who were cared for in their bedroom had regular attention from staff to reduce the risk of isolation. One member of staff said, "It's good to interact with them [people]. It's nice to have a chat and keep them company. I think it's important. You can see they want to chat."

People were treated with dignity and respect. When personal care was delivered this was done behind closed doors. One person told us that staff respected when they did not want to be involved in activities. They said, "I prefer to sit in my room and do puzzles." They told us that staff respected when they wanted to get up and go to bed. They said, "I like to get up early and they accommodate that." One member of staff told us, "It's nice to give care to people who can't look after themselves. You have to treat them how they should be treated."

We looked at care plans in order to ascertain how staff involved people and their families with their care as much as possible. One person told us, "They talk to me about my care plan. I've told them what I want and they have done it ever since. They really are very good here." Care plans detailed people's backgrounds and the things that were important to people. They detailed people's family histories and the work people used to do. One care plan stated that the person liked to have Holy Communion and we saw that this took place on the day of the inspection.

People were able to personalise their room with their own furniture and personal items so that the rooms felt more homely. One person told us that they were able to bring their ornaments and television. We saw that their room was set up in a way that made them feel comfortable and at home. Relatives and friends were welcome to visit people when they wanted.

People's religious needs were met. When we arrived at the service there was a Communion service taking place in the lounge that people were participating in. One person told us, "They (the person giving the service) come in once a month. It means a lot to me having Communion." They told us that they would like

to go to church. The provider told us that they were organising this for them. People were supported to be independent as much as possible. One person said, "If I need help they help me but I like to do things for myself."

Is the service responsive?

Our findings

At the previous inspection in October 2017 we found the provider had not followed the requirement that related to how complaints should be dealt with and responded to. We found that there had been some improvements around this.

At the time of this inspection we were unable to locate any records of complaints. Although there was a complaints policy and folder there was no information available on the complaints that had been submitted. After the inspection we were provided with evidence of the one complaint that had been made. This was in relation to concerns raised about one person's room feeling cold. We saw this had been responded to however this was 11 months after the initial concern was raised. The complaint response did not provide the details of the Local Government and Social Care Ombudsman should they remain unhappy and instead incorrectly referred the person to the 'Adult Social Care Customer Relations Team' or CQC. We were also aware of another complaint that had been made prior to the previous inspection however there was no record of this on the complaints folder. We raised both of these concerns at the previous inspection.

As complaints were not recorded, responded to or addressed in a timely way this is a continued breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At the previous inspection in October 2017 we found that people did not receive person centred care. Care plans lacked guidance for staff and there were not sufficient activities for people. We found that this had improved. However there were improvements required in relation to end of life care planning.

There were not sufficient arrangements in place to ensure that people who were cared for at the end of their life had been involved in their care planning. The provider told us that one person had been diagnosed with a terminal illness. We asked the provider if they had developed an end of life care plan for the person. They told us, "That's a good question. Not at this minute, no."

We recommend that people are supported with planning for their end of life care.

There were detailed care records which outlined individuals' care and support. There was detailed information on the person's medical history and how their healthcare conditions may affect their daily life. For example one person had a medical condition and the care plan contained guidance for staff about what they should be aware of and the care they should provide. Another person was at risk of developing a urine infection. The guidance for staff included information about preventative measures, that the person required regular fluids and the signs to look out for if an infection was suspected. There were individual care plans in place where needs had been identified. For example care plans had been developed in relation to skin integrity, communication and sensory needs. There was information about the person's preferred routines, for example in relation to washing, bathing, getting up and going to bed, dressing and undressing. Staff on the day were knowledgeable about people's care needs. One member of staff said, "The care plans have changed, the format has improved."

Daily records were also completed to record each person's daily activities, personal care given, what went well and any action taken. The staff had up to date information relating to people's care needs.

We observed an activity taking place when we arrived at the service. One member of staff said, "There are a lot of activities coming in. There is something on most days, usually in the afternoons. Entertainers visited the service to provide activities including music, exercise and reminiscence. One person told us, "I like to take part in the music movement sessions." We saw that one person who was in their room had music playing for them to listen to. Another member of staff told us, "I try not to let people get bored." We saw that there were games available for people and staff encouraged people to participate in playing with them. One person used to be an artist and activities were offered around this particular interest. The provider told us that more work was being undertaken to ensure that people had to the opportunity to go out on more trips.

Is the service well-led?

Our findings

At the previous inspection we identified that there was a lack of robust quality assurance processes in place and a lack of leadership. The provider sent us an action plan to advise how improvements were going to be made. On this inspection we found that whilst improvements had been made there was still a lack of robust oversight by the provider and continued breaches of regulation.

The service still remains without a registered manager despite this being a condition of the provider's registration. There was no manager working at the service, the most recent manager had left the service prior to registering with the CQC.

After the previous inspection we asked the provider to send an action plan to show they were meeting the shortfalls that we had identified. Prior to this inspection the last updated action plan was sent to us in December 2017. The provider told us on the day of the inspection that this action plan had not been updated since this date. They told us that they had relied upon a manager (who no longer worked at the service) to update the action plan but the manager had not done this. The provider stated, "The action plan is not totally up to date. I am working on that."

We asked the provider what their role was and they told us, "Overseeing everything." However on previous inspections we had identified that the provider was relying upon the managers they had employed to ensure that audits were being completed. The provider told us that auditing and quality assurance was not a strength of theirs and that they intended to undertake some training in relation to this. This was despite the provider having a 'Visits by the Registered Provider' policy in place that stated, "The Registered Person will examine the Quality Assurance System reports and use the findings to analyse and use the information gathered to identify non-compliance, or any risk of non-compliance, with the regulations and to decide what will be done to return to compliance." The provider was not working to their own policy in relation to this.

After this inspection we were provided with an updated action plan. Deadlines for actions that the provider had set had not always been met. For example the action plan stated that staff were to receive training in the following areas; MCA, dementia awareness and moving and handling. Their deadline for this, according to their action plan, was 12 December 2017. We found on this inspection that this had not been met. The action plan stated that on the 28 December 2017 they had implemented a system of supervisions and appraisals. We found on this inspection that supervisions and appraisals were not always taking place. Where people were at the end of their life the action plan stated that, "each person and their relatives and supporters are involved in assessment and care planning to ensure their wishes, aspirations, preferences and individual needs are met." We found that this had not taken place. According to the action plan, the people responsible for implementing these actions were the provider and the previous manager.

People and their relatives did not always have opportunities to feed back their views about the quality of the service they received. We asked the provider if regular meetings were being held with people and relatives. They told us, "We haven't had a recent meeting. We sit round a table and discuss choices with people." We

reviewed the 'Residents meetings' folder and found that the last meeting with people took place in November 2017. The provider's action plan stated that people would be consulted in respect of improvements, redecoration and the purchase of furniture to "ensure their views and preferences are taken into account." There was no evidence that this had taken place. There was however evidence of surveys that had been distributed to people and relatives. These were being collated at the time of the inspection.

As there was still a lack of provider oversight and quality assurance systems were not established and operated effectively this is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had engaged a care consultant to support improvements at the service. We saw evidence that the consultant had improved standards in some aspects of the service. People's care plans were personalised to their individual needs. They contained detailed information about the care people needed and guidance for staff about how this care should be provided. Other improvements included the mental capacity assessments that had been carried out and audits of other aspects of care delivery had taken place. This included infection control, care plan audits, health and safety audits and bed safety rail assessments.

We asked staff whether they had seen improvements in the service since the last inspection. One member of staff said, "I would say so, definitely." Another told us, "I think it has improved a lot in the last six months." Staff said of the providers, "You can speak to [provider] at any time. They have an open door policy", "If I have any questions, I ask [the providers]. They do their best to help" and "I feel supported by [the providers]. If I have problems I just go to them and they are happy to help me." We saw that staff had regular meetings where policies, training and people's needs were discussed. Staff morale was good and they worked well together as a team. One member of staff said, "The staff team are very good. I'm happy working with my colleagues."

There was evidence that the provider was working with external organisations in relation to the care provision. For example the provider had regular contact with the GP, SaLT, dieticians and other community care teams.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. Staff had informed the CQC of significant events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had not ensured that complaints were recorded, responded to or addressed in a timely way
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that recruitment procedures to ensure that staff employed were fit and proper.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff had appropriate training and supervision.