

Tudor Care Limited

Beechfields Nursing Home Limited

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?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Beechfields is a care home providing accommodation and nursing care to up to 35 people aged 65 and over. At the time of the inspection, there were 18 people living at the home, some of who were living with dementia. The accommodation is provided in one building over two floors. There are three communal lounges, a dining area, a conservatory and a garden area that people can access.

People's experience of using this service:

Improvements had been made and people received their medicines as prescribed. Risks associated with people's care and the home environment were assessed and managed safely. Staff understood people's needs and knew what actions to take to reduce any identified risks.

There were enough, suitably recruited staff who worked well as a team to ensure people received timely support. Staff received an induction and ongoing training and supervision to fulfil their role. Staff had a good understanding of how to recognise and report potential abuse. Any concerns raised were acted on by the registered manager in line with local safeguarding procedures.

Quality checks had been improved and there was greater oversight at the service. However, further work was needed to ensure systems were consistently effective and improvements sustained.

Staff had received training and supported people to have maximum choice and control over their lives. However, improvements were needed to ensure people's consent to care was consistently recorded in line with the legal requirements.

Staff were kind and caring and had good relationships with people. They understood people's needs and preferences and provided personalised care. People were involved in developing their care plans and work was ongoing to ensure they were kept up to date and reflected people's needs and preferences accurately. There were opportunities for people to engage in activities that promoted their wellbeing.

People were supported to access other health professionals and have enough to eat and drink to maintain good health. Changes had been made to ensure people received the support and encouragement they needed with their meals. However, further improvements were needed to ensure people always received this in a timely way.

People and their relatives were positive about the improvements made at the service and were confident in the registered manager's leadership of the staff. People knew how to raise any concerns and complaints and there was a procedure in place to manage this.

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

Rating at last inspection:

Inadequate (report published 15/08/2018).

Why we inspected:

At our previous three inspections in in June 2017, February 2018 and June 2018, we rated the service as Inadequate and placed them in special measures. At each inspection we found repeated breaches of the regulations and insufficient improvements had been made by the provider. When services in special measures do not make the required improvements, we take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This inspection was carried out as part of our enforcement process to check for improvements and to review the ratings. We found the provider had made significant improvements although there remained a breach of the regulations in relation to governance at the service.

Enforcement :

You can see what action we have told the provider to take at the end of the full report.

Follow up:

We will continue to monitor the service closely to ensure the provider sustains the improvements made and improves the rating to at least Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Beechfields Nursing Home Limited

Detailed findings

Background to this inspection

The inspection:

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

The service has been in special measures since June 2017, when we rated the service as 'Inadequate' in the areas of Safe and Well Led due to widespread breaches of regulations. Services in special measures are inspected again within a six-month timeframe, when they are expected to make the required improvements and no longer be rated Inadequate in any key questions.

We inspected the service again in November 2017 and found that insufficient improvements had been made. The service was again rated 'Inadequate' in Safe and Well Led and remained in special measures. In line with our enforcement procedures, we placed two conditions on the provider's registration, telling them they must not accept any new service users without our written agreement and must send us an action plan each month of how they were meeting the regulations. We continued to monitor the service and inspected again in June 2018. We found the provider had failed to make the improvements they had told us about and therefore we took action to begin the process of cancelling the provider's registration.

This inspection was carried out to check for improvements at the service and to provide a rating.
Inspection team:

The inspection was carried out by two inspectors, an assistant inspector and an expert by experience. An

expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Beechfields Nursing Home Limited is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection, which on this occasion did not include a Provider Information Return. This is information we request on at least an annual basis about what the service does well and improvements they plan to make. However, we checked to see that the provider had notified us about important incidents, such as accidents or incidents of abuse, and we sought feedback on the service from the local authority. We also reviewed the provider's appeal documentation and any supporting evidence they had submitted. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service and six relatives to ask about their experience of the care provided. Some of the people using the service were unable to tell us their views about their care because they were living with dementia. We completed the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight members of staff: three members of care staff, two nurses, the activities co-ordinator, the cook and the registered manager.

We reviewed a range of records. This included nine people's care records and multiple medication records. We also looked at records relating to the management of the home, which included three staff recruitment records and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- At the last three inspections, we found the provider had not made the improvements needed to ensure risks associated with people's care and the home environment were consistently identified and mitigated, including the management of medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found the provider had made significant improvements and was no longer in breach of this regulation. However, further improvements were needed, with ongoing monitoring to assure us improvements were being sustained.
- People and their relatives told us they felt safe and had no concerns or worries. One person said, "Good God, yes I feel safe. I've got nothing to worry about. A relative told us, "I think it's much better now. Twelve months ago it was not so good. [Name of person} is 100% safe and they are well looked after".
- The registered manager had improved the monitoring of medicines to ensure they were administered, recorded and stored accurately. Medicines stocks were regularly checked for accuracy. Records we looked at were completed accurately and staff we spoke with knew what action to take in the event of a medicines error. However, we found there was no guidance for staff to follow when medicines were not given in accordance with the licence, for example they were being crushed for a person who was unable to swallow. Records showed that the person's GP had given authorisation but staff had not checked with the pharmacists to ensure it was safe. We brought this to the attention of the registered manager who liaised with the pharmacist and obtained assurance that this was appropriate, on the day of our inspection visit.
- Staff received training to administer medicines and the registered manager was introducing competence checks to ensure people continued to receive their medicines as prescribed.
- Risks associated with people's care were consistently assessed and managed. Staff understood the risks to people's safety and wellbeing and knew how to support people to minimise them. For example, staff could tell us how they supported people who were at risk of skin damage through pressure and we saw they had clear information on how and when to reposition people who were cared for in bed. Staff had received training on moving and handling and we observed they moved people safely, in line with their assessed needs.
- Staff had received training and had guidance on how to support people when they presented with behaviour that challenged themselves and others at the service. Staff told us and records confirmed that incidents were recorded and monitored to seek to minimise future occurrences.
- We found improvements in the recording of accidents and incidents, which detailed the investigation carried out and what action had been taken to minimise the risk of reoccurrence. For example, some people had been referred to the falls service and their care plans were updated with any advice.

- The provider had taken action to ensure risks associated with the environment were assessed and mitigated. We saw that improvement works were carried out safely and doors locked to prevent people accessing areas which might pose a risk to them.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection, the provider had not ensured that staff recognised potential safeguarding concerns and referred them to the local safeguarding authority for investigation, to protect people from the risk of abuse. This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found the provider had made the required improvements and was no longer in breach of the regulation.
- Staff were aware of the signs to look for that might mean a person was at risk of abuse and were confident the registered manager would act if they raised any concerns. Staff had received training and the registered manager had introduced systems to ensure a consistent approach was adopted and we saw any concerns were reported promptly, using local safeguarding procedures. Staff were aware of the whistleblowing procedures and said they would not hesitate to use them if they had concerns about misconduct of any kind.

Preventing and controlling infection

- There were policies and procedures in place to ensure the service managed the control and prevention of infection and the home was clean. However, we found these were not always effective in ensuring prompt identification of people if they became unwell and how staff should act to minimise the risk to other people and visitors. When we arrived at the home, we became aware that some people were unwell but were given inconsistent information about who was affected and what action staff were taking. In addition, there was no member of staff who had overall responsibility for managing such incidents. The registered manager arrived shortly after and took action to ensure people were isolated in their rooms. They notified the local health protection team and ensured information was available to alert other people and visitors. The registered manager told us they would review this incident with staff to ensure clear leadership was in place in future.
- Staff did not always follow guidance to ensure equipment was clean and protected people from the risk of infection. We found a suction machine was dusty and the suction tip was dirty. If the person needed urgent suction, staff would not have time to go and get a new tip which would have placed them at risk of not receiving the support they needed. Staff were required to check and clean the machine weekly, however they told us they had not done this since it was last used, approximately one month ago. However, there was no system in place to record these checks. The registered manager told us they would ensure the machine was cleaned and put a system in place to monitor this.

Staffing and recruitment

- At the last inspection, we found there were insufficient staff to keep people safe. People did not receive timely support and lack of supervision of communal areas meant people at risk of falls were placed at increased risk. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found the provider had reviewed and increased staffing levels at the home and was no longer in breach of this regulation.
- People and relatives had no concerns about staffing levels. We saw that staff responded promptly when people asked for assistance and there were sufficient staff available when people needed to be supported using equipment. At lunchtime, we saw staff were available to support and encourage people with their

meals in both the dining room and in their bedrooms. Staff told us and we saw that communal areas were always supervised to reduce risks to people.

- The provider had introduced a dependency tool to calculate the number of staff needed to support people safely. We saw this was kept under review and staffing rotas showed that the number of staff deployed were in accordance with this.
- Staff told us and records confirmed that the provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. The registered manager also checked and monitored nurses' registration with the National Midwifery Council. These checks assist employers in making safer recruitment decisions.

Learning lessons when things go wrong

- The registered manager had introduced new systems to record and investigate accidents and incidents and staff were clear about their responsibilities to report any safety concerns. Staff were encouraged to raise concerns and when incidents occurred, we saw there was a prompt investigation which involved relevant staff. For example, we saw the registered manager had discussed the learning from their investigation into a recent incident with the staff team. This showed they took action when things went wrong.

Is the service effective?

Our findings

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

People's care, treatment and support achieved good outcomes but consent to care was not consistently sought in line with legal requirements.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- At our last three inspections, we found the provider was not meeting the requirements of The Mental Capacity Act 2005 (MCA) to ensure people's rights were upheld. Staff could not demonstrate their understanding of the Act and how they would ensure that any decisions made on behalf of people were made in their best interests. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found the provider had made some improvements and was no longer in breach of the regulation. However, further improvement was needed to ensure the provider consistently recorded how people consented to their care and support.
- We saw the registered manager had begun to review care records to ensure people's consent was obtained in accordance with the legal requirements. For example, we saw they were checking that copies of legal authorisations such as Lasting Power of Attorney documents were obtained. However, records we looked at showed that people's capacity to make particular decisions was not consistently assessed. For example, when people were assessed to need bed rails to reduce their risk of falls, a capacity assessment was not always carried out to demonstrate that the person was unable to make a particular decision for themselves, for example to have bed rails to reduce their risk of falls.
- Staff had received training in the MCA and understood what they should do to make sure decisions were taken in people's best interests. We saw that when required, decisions were recorded and involved family members and professionals when needed.
- Discussions with the registered manager and staff demonstrated they recognised when people were being potentially being deprived of their liberty and applications had been made for legal authorisation. We saw these were monitored and updated to reflect any changes in people's needs. No authorisations had

been received.

- We saw staff involved people in making day to day decisions about their care, for example when supporting people to transfer from their wheelchair to an armchair and where they wanted to sit in the communal lounge or dining room. We saw staff explained what they needed to do and sought their consent before supporting them.

Staff support: induction, training, skills and experience

- At our last inspection we found staff training was not up to date and our observations showed staff lacked the knowledge and skills to support people effectively. This was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvements and was no longer in breach of the regulation.
- Since the last inspection, the registered manager had recruited a number of new staff who had received an induction and training to meet people's needs. One member of staff described her induction training, which was in line with the nationally recognised Care Certificate. This equips staff with the skills needed to work in health and social care settings. They also told us they had spent two weeks shadowing shifts before working within the team and had time to read people's care plans to get to know their needs and how to support them.
- Staff received a range of training deemed mandatory by the provider. We saw this was relevant to the needs of people. This was monitored by an external provider, who provided electronic reporting systems for the registered manager and provider. We saw that all training was up to date.
- Staff were also provided with training to keep their practice updated and in line with good practice. For example, we saw staff were undertaking syringe driver training on the day of our inspection, to help them support people to have a pain free end of life.
- Staff received supervision and an annual appraisal to enable them to review their practice and consider any training needs. The registered manager was introducing a system to check staff competence, which would link with the supervision and appraisal process.

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

- At the last inspection, people's nutritional needs were not always met and there were insufficient staff to provide support and encouragement for people at mealtimes. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made improvements and was no longer in breach of the regulation. However, further improvements were needed to ensure people were consistently supported and encouraged to maintain good health.
- People and their relatives told us they enjoyed their meals and staff supported them at mealtimes when needed. One person said, "I have to be careful with what I eat, and need to think about how I swallow food, so staff help me to decide what is best and help me at mealtimes". Another person said, "I have choices each day and [Name of relative] comes every day for lunch; they wouldn't do that if the food wasn't good".
- Staff told us and our observations confirmed that the registered manager had introduced a new system for mealtimes and allocated staff to support people in their bedroom and the dining room. Whilst we saw people received the support and encouragement they needed, some people were seated in the dining room even though staff were not ready to serve their meal. For example, we saw two people waited and fell asleep before staff were available to serve and support them with their meal. We discussed this with the registered manager, who told us they were keeping the new arrangements under review.

- People's nutritional needs were assessed and met. People's weights were monitored and any concerns were referred to the dietician and speech and language therapist. Staff could tell us about people's nutritional needs and recorded people's food and fluid intake when needed. This was kept under review by the nurse and discussed during handover at the beginning of each shift. This ensured staff were aware of any changes in people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and plans were in place to ensure people's care was delivered effectively. However, care plans were not always updated when their needs changed. For example, one person's care plan had not been updated when a wound that had previously healed had reoccurred. Whilst we found the person was receiving appropriate care, it was not easy to tell from the records what interventions staff had carried out and how effective they had been. We discussed this with the nurse and registered manager who told us they would update this immediately. We saw work was ongoing to ensure records were accurate and up to date.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had developed links with the local hospice and staff were undertaking palliative care training to enable them to support people effectively at the end of their life.

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

- Improvements were needed to ensure people living with dementia were supported to recognise their bedroom and find their way around the home to maintain their independence. The registered manager had recognised this and new signage had been ordered.
- The provider had made improvements to the home, which included decorating an additional small communal lounge which people could access to have private time with their families. Concerns about the safety of the patio and garden area at the home had been addressed and the required improvements made. This meant people had access to a number of seating areas around the home including a conservatory, to relax and socialise.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health through regular health appointments and check-ups. We saw people were referred to other health professionals, including the GP and community psychiatric nurse, when needed, and staff worked collaboratively with them to ensure people's needs were met.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- At our last inspection, we asked the provider to make improvements to ensure staff had enough time to spend with people to ensure their wellbeing was promoted at all times. At this inspection, we saw there were staff available to support people in the communal areas at all times. People and their relatives told us the staff were kind and caring and treated them with respect. A relative said, "They are very kind to [Name of person] and they always show respect". Another said, "I have no concerns, [Name of person] loves it here, it's like home. I trust the staff".
- We saw that people had good relationships with staff and looked comfortable in their company. One person said, "They are very caring and kind and we have a laugh". Staff were compassionate and offered reassurance when people were distressed. For example, one person became upset and we saw a staff member gently held the person's hand and reassured them and did not leave them until they were sure they had settled down.
- Staff understood people's diverse needs and communicated with them in their preferred way. For example, one person was using headphones with an attached microphone for people to speak into. The person told us they really liked using them because it enabled them to have conversations with people. Staff were positive about how this helped the person and we saw they were patient and gave the person time when speaking with them.

Respecting and promoting people's privacy, dignity and independence

- At this inspection, we saw the provider had made improvements and people's privacy and dignity was always promoted. Staff spoke with people when supporting them to move with equipment and ensured they were covered at all times to promote their dignity.
- Staff spoke discreetly with people when supporting them with personal care. Staff told us how they knocked on people's bedroom doors before entering the room to promote people's privacy.
- A relative told us the staff encouraged people to maintain their independence. They said, "Staff always ask [Name of person] if they want to come down to the lounge and encourage her to do the things she can, when they are assisting with personal care".

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

- People were supported to be involved in making day to day decisions about their care. Staff were observed

showing people different meals at lunchtime and there were picture cards available to support people to make choices of meals. A relative told us, "[Name of person] makes her own decisions and would tell me if there was a problem".

- Relatives told us they felt welcomed when they visited and involved in their family member's care. One told us, "I feel completely comfortable visiting here. Staff always make me feel welcome and I talk to the staff all the time. If anything changes, the staff tell me, they are available any time if I have any queries".

Is the service responsive?

Our findings

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

People's concerns and complaints were not always responded to in a timely way and care records were not always reviewed to ensure they were up to date.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint and would be happy doing so. Whilst most people had no concerns, one relative told us they were unhappy with the way the provider had responded to a complaint they had made in 2018, which had not been investigated or resolved. The registered manager was aware of this and confirmed the provider had overlooked the complaint and failed to respond. They told us they had recently discussed and recorded the person's concerns and an investigation was in progress. We saw records to confirm this.
- There was a complaints procedure in place and all concerns and complaints were now being recorded and responded to by the registered manager.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives were involved in planning their care and were happy with the way they were supported. One relative told us the staff listened when they had requested a change to their daily care routine. They said, "We talk to the staff all the time and if we make a request, it's taken on board". Another relative told us, "[Name of person] likes to have ice with their drinks and staff see to this for them".
- Some of the care records we looked at were not always up to date, for example some care plans stated they should be reviewed monthly but we saw this had not always been done. The registered manager had begun to review care plans and had identified areas that needed to be updated. The registered manager confirmed this and told us work was ongoing to ensure people's care plans were up to date and reflected people's preferences.
- Staff recognised people's diverse needs and understood the importance of supporting people to follow their faith. For example, they researched a particular religion a person had been practicing and sourced a free bible for them.
- At the last inspection, improvements had been made to ensure the service complied with the Accessible Information Standards (AIS). At this inspection, we found staff understood the importance of meeting people's communication needs. As noted in the key question of Caring, staff used technology to support people with conversation and pictorial information to aid decision making. This supported people to have choice and control over their lives.
- The provider had appointed an activities co-ordinator to support people with activities on both a one to one and group basis. We saw people enjoyed the one to one time they spent with them, for example polishing their nails. They encouraged people to talk about their past lives, which is particularly important

for people living with dementia.

End of life care and support

- People were supported to discuss their preferences for care at the end of their life and we saw care plans were in place that recorded their individual wishes.
- Staff were also provided with training to keep their practice updated. The registered manager had developed links with the local hospice, which was providing palliative care training. On the day of our inspection, nurses were undertaking training in the use of syringe drivers, which are often required to provide medicines to support people to have a comfortable, dignified, pain-free death.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulations were not always met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our previous three inspections we found there was a lack of systems in place to monitor and improve the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements in the monitoring of the service which were bringing about improvements. For example, medicines were now monitored effectively and there was a robust approach to identifying and maintaining staffing levels. However, further improvements were needed to ensure the systems in place were consistently effective in assessing, monitoring and improving the quality and safety of the service.
- Furthermore, the provider failed to comply with the condition on their registration that they send a monthly report to us updating on progress at the service. We have not received a report since July 2018, when the provider submitted an action plan to us in response to concerns raised at the inspection in June 2018.
- Improvements were needed to demonstrate that the registered manager had an effective system to monitor accidents and incidents for trends to drive improvements in the safety of the service. An analysis had been carried out in November and December 2018 but this did not include some of the accidents and incidents recorded.
- Infection control audits were now in place but these did not include all equipment that needed to be checked and kept clean. In addition, there was no clear lead for infection control concerns in the absence of the registered manager.
- At the last inspection, the provider had failed to notify us of safeguarding concerns at the home, as required by their registration with us. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2014. At this inspection, we found the required improvements had been made and there was no longer a breach of this regulation. The registered manager notified us promptly when significant events occurred at the service. They had displayed a copy of the last inspection report but not the rating. They told us they would ensure this was displayed prominently in future. This is so that people, visitors and those seeking information about the service can be fully informed of our judgments.

Continuous learning and improving care

- We found the provider's approach to leading and sustaining improvements at the service lacked rigour. The registered manager told us they met with the provider on a regular basis and on a monthly basis with a consultant to support them to meet regulatory requirements. However, the provider had not developed an action plan or service improvement plan with the registered manager to monitor the improvements needed.

- During our visit, the registered manager contacted the provider. They provided a copy of their action plan and provider visit records. These documents were difficult to read and referred to an action plan which was not attached. The registered manager told us these had not been shared with them to ensure they were clear about improvements needed. In addition, as noted in the Responsive key question, the provider had overlooked a complaint made by a relative. This did not assure us that there was a systematic approach to making and sustaining improvements.

The above issues constitute a continued breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support

- There was a positive atmosphere at the service. People and their relatives were positive about the improvements seen since the registered manager had started working at the service. One relative said, "There's been a gap in the management but from the minute the manager got here she got on top of everything. I'm thrilled. Effective from the word go and I'm very confident in the management now".
- The registered manager spent time around the home and provided clear leadership for staff. We observed staff worked together to provide effective, timely support for people. Staff were positive about the registered manager and told us they felt valued and supported. One member of staff told us they were very happy with the change of manager and the positive impact they had made.

Engaging and involving people using the service, the public and staff

- People and their relatives were encouraged to give their views on the quality of the service through resident's meetings and regular satisfaction surveys. We saw that relatives had raised concerns about the availability of parking at the home and this had been acted on.
- Staff were encouraged to be involved in the running of the home. They had meetings with the provider and registered manager and told us the registered manager listened to them when they made suggestions on how things could be improved at the service.

Working in partnership with others

- The registered manager worked with other professionals to ensure people received joined up care when they moved between services.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to comply with a condition of their registration which required them to send a monthly report to us setting out how they were taking action to meet the regulations. Whilst improvements in the quality assurance systems had been made, further were needed to ensure they were effective in driving and sustaining improvements in the service and ensuring regulations were met.
Treatment of disease, disorder or injury	