

Avon Care Limited

Grosvenor Hall

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 23 and 26 October 2018. The first day of our inspection was unannounced; the second day was announced.

Grosvenor Hall is registered to provide residential care for up to 23 people living with dementia. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is a three-storey town house in Scarborough. At the time of our inspection, there were 19 older people and people living with dementia using the service.

At our last inspection in August 2017, we rated the service 'requires improvement'. This was because staff had not received regular training, supervisions and appraisals. The provider had not adequately assessed monitored and managed risks to people's safety. There were breaches of regulation relating to safe care and treatment, staffing and the governance of the service. At this inspection, improvements had been made in a number of areas and the provider was compliant with the breaches of regulation relating to safe care and treatment and staffing. However, we had ongoing concerns about record keeping and the governance of the service.

This is the third consecutive time the service has been rated Requires Improvement overall and the third consecutive time we have found a breach of one or more regulation. The ongoing failure to provide a consistent standard of 'good' care showed us the service had not been well-led and that effective systems and processes were not in place to ensure the quality and safety of the service.

Staff had not always kept complete and contemporaneous records of the care and support provided. Care plans and risk assessments were not always sufficiently detailed and up-to-date. The manager had not documented simulated evacuations and there were gaps in records of fire alarm tests. There were gaps in recruitment records. Consent to care, mental capacity assessments and best interest decisions had not been documented.

Whilst the manager had taken positive steps to make improvements, there were a number of issues and concerns which had not yet been addressed.

The ongoing issues regarding the quality and safety of the service, quality monitoring, governance and the failure to keep complete and contemporaneous records is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We recommended the provider develops an emergency business continuity plan.

Sufficient staff were deployed to meet people's needs. The provider planned to increase staffing levels at night. The manager had started to implement a dependency tool to help them monitor staffing levels.

Medicines were safely managed. Night staff were in the process of completing training to enable them to administer medicines at night if needed.

The service was clean and tidy. Regular maintenance and health and safety checks had been completed. The manager had planned maintenance work to minimise risks associated with single paned glass.

Plans were in place to deliver more training to address gaps in staff's training needs. More regular supervisions had been completed, but these were still not being delivered as often as the provider planned in their own policy and procedure.

People gave positive feedback about the food and staff supported and encouraged people to make sure they ate and drank enough. Staff worked with healthcare professionals to seek their advice, guidance and medical attention when needed.

Staff provided person-centred care to meet people's needs. They were kind and caring in their approach, offered people choices and respected their privacy and dignity.

Improvements had been made to the support provided with activities. Staff laughed and joked with people who used the service and we received positive feedback about the friendly caring relationships they shared.

The provider had a system in place to manage and respond to any complaints about the service.

The service did not have a registered manager in post. The registered manager had left the service in December 2017, but had not yet completed the process of deregistering. A new manager had been in post since December 2017, but they had not yet completed the process of applying to become the new registered manager. A registered manager is a person who has registered with the 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 received positive feedback about the new manager. They were clearly committed to providing person-centred care and promoted a positive culture and teamwork.

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 required improvement to be safe.

Care plans and risk assessments did not always contain sufficiently detailed information on how risks should be managed.

Recruitment records did not show a robust recruitment process.

Action had been taken or was in-progress to manage and minimise environmental risks.

Sufficient staff were deployed during the day to meet people's needs. The provider was planning to increase night time staffing levels.

Is the service effective?

Requires Improvement 

The service required improvement to be effective.

People's consent to care and ability to make decision was not appropriately documented.

Plans were in place to update staff's training. Supervisions had been completed, but not always as often as the provider planned.

People gave positive feedback about the food and staff encouraged people to eat and drink regularly. People had not always been weighed as often as needed.

Work was ongoing to develop a more dementia friendly environment.

Is the service caring?

Good 

The service was caring.

Staff were kind and caring in how they supported people.

Staff providing caring support to maintain people's privacy and dignity.

People who used the service had choice and control over how they spent their time.

Is the service responsive?

Good ●

The service was responsive.

Staff provided person-centred care to meet people's needs.

We received positive feedback about the improvements made with activities.

People told us they felt able to give feedback and raise any issues or concerns. The provider had a complaints procedure to govern how they would respond to any complaints about the service.

Is the service well-led?

Requires Improvement ●

The service required improvement to be well-led.

Records were not always well-maintained or up-to-date.

The manager was completing more frequent audits, but the system of quality assurance and governance was not comprehensive or robustly used to make sure improvements were made in a timely way.

We received positive feedback about the new manager and their person-centred approach.

Grosvenor Hall

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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 and 26 October 2018. The first day of our inspection was unannounced; the second day was announced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. They supported this inspection by speaking with people who used the service and their relatives.

Before the inspection we reviewed information we held about the service, which included information shared with CQC and notifications since our last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur and which affect their service or the people who use it. We also contacted the local authority adult safeguarding and quality monitoring team as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with five people who used the service, two people's relatives and two visitors to the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the manager and three members of care staff. We also received feedback from two visiting professionals.

We reviewed three people's care plans, risk assessments and daily records. We checked the arrangements in place for managing people's medicines and recording accidents and incidents. We reviewed two staff's recruitment, induction, supervision and appraisal records, as well as training records, meeting minutes,

audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in August 2017, environmental risks had not been appropriately assessed and managed. This was a breach of regulation relating to safe care and treatment. At this inspection, improvements had been made and the provider was now compliant with this regulation.

The provider had an electrical installation report and gas safety certificate to evidence these were safe and well maintained. Hoists and slings had been checked and serviced at regular intervals.

The manager showed us the work they had planned to reduce risks associated with people falling through single paned glass. We asked them to send us a risk assessment and further details of the work they had planned to help us monitor their progress. We will continue to monitor this outside of the inspection process.

The provider had a fire risk assessment and the fire alarm system had been regularly serviced to make sure it was safe. The manager had completed personal emergency evacuation plans for people who used the service. Staff told us they took part in fire drills, but these had not been documented. There were some gaps in records of fire alarm tests, although checks had been more consistently completed in recent months. We spoke with the manager about the importance of maintaining complete and contemporaneous records of fire alarm tests, and documenting regular and timed simulated evacuations to evidence all staff had participated in these.

We recommended the provider develops a business continuity plan setting out how they would continue to meet people's needs in an emergency such as a flood or loss of utilities.

People who used the service had care plans and risk assessments relating to their support needs. These contained guidance for staff on how to manage risks to help keep people safe.

Whilst there were positive examples of how risks had been assessed and managed, people's care plans and risk assessments did not always contain sufficiently detailed information. This meant people who used the service were at increased risk of receiving inconsistent or inappropriate care. For example, two people's care plans and risk assessments referred to them needing thickened fluids. However, they did not include clear and detailed information about how this should be prepared or to what consistency. Risk assessments were not in place for two people who had been prescribed anticoagulant medicines. It is important to document information about the risks and how staff should respond to support staff to provide consistently safe care.

The manager acknowledged that some care plans and risk assessments still needed to be reviewed and updated. They explained the work they were doing, with support from the local authority, to address this.

Despite these recording issues, staff showed a good understanding of people's needs and risks to their safety. We observed staff provided safe support, for example with people's medicines and at mealtimes to manage the risk of choking. We have addressed these recording issues in more detail in the well-led domain.

New staff filled in an application form, had an interview, provided references and underwent a Disclosure and Barring Service (DBS) check. This helped make sure new staff were not barred from working with adults who may be vulnerable. Recruitment files did not always contain contracts of employment or show people's identity and right to work in the country had been verified. The provider had not consistently completed health declarations to check if new staff had any medical conditions which might impact on their ability to perform their role.

The provider had a safeguarding policy and offered training to staff on how to identify and respond to any safeguarding concerns. Staff understood what they should do if they suspected someone was experiencing abuse.

People who used the service told us they felt safe at Grosvenor Hall. Comments included, "Oh yes I feel safe. It is lovely here, because I am comfortable in my own room", "The staff provide things I need, I do not have to worry about anything" and "I do feel safe. I have always been very happy here." Relatives told us, "It is safe. I don't feel anyone is in danger" and "The staff look after people here. It takes a lot off my mind."

People gave positive feedback about staffing levels and told us staff were available when they needed support. They said, "I always know they are there if I need them", "They come very quickly", and "There is always plenty of staff to see to your needs." A relative told us, "There is always somebody about if you have a question. There always seems to be enough staff on at weekends."

During the day there was one senior care worker and four care workers on duty. The manager was supernumerary and additional staff were employed to work in the kitchen, do cleaning, for laundry and maintenance. At night, two care workers were on duty. The manager explained this was due to be increased to three members of staff, because of people's night time needs. The provider did not use agency staff, with existing members of the team covering sickness and absences when needed.

Staff were available in communal areas to support people and were quick to respond to their needs. They answered call bells quickly and were patient, attentive and unrushed in the way they supported people. A member of staff said, "The staffing levels are good, we all help each other out. We have got time to sit with the residents to do the little things and talk to them."

The provider had a policy and procedure to guide staff on how to safely administer medicines. Staff completed training and the manager documented competency checks to make sure they understood and followed best practice guidance. Night staff had started training to administer medicines. The manager explained they lived locally and were 'on-call' in the meantime to support at night if needed.

Medicines were securely stored at a safe temperature. Staff checked people had taken their medicines before documenting this on their medication administration records. Records of controlled drugs and the return of medicines to the pharmacy had improved.

Staff documented any accidents or incidents that occurred, what had happened and how they had responded. These records showed action was taken to reduce risks and keep people safe.

The service was clean and tidy. The provider had an infection prevention and control policy and had put cleaning schedules in place to make sure areas of the service were regularly cleaned. Staff used appropriate personal protective equipment, such as gloves and aprons, to minimise the risk of spreading germs. Pressure cushions had not been named to help make sure they were only used by one person to reduce the risk of cross contamination. The manager agreed to address this. The service had recently been awarded a

food hygiene rating of 'five' by the Food Standards Agency. Five is the highest possible score recognising good food hygiene practices.

Is the service effective?

Our findings

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 MCA 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).

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 had the appropriate legal authority and were being met.

The manager had submitted applications to deprive people of their liberty. Staff understood the importance of consent. They routinely offered people choices and helped them to make decisions.

Care plans showed staff had considered issues relating to people's mental capacity and ability to make informed decisions, but mental capacity assessments and best interest decisions had not been documented to evidence this process. We made a recommendation about documentation in relation the MCA at our last inspection and action had not been taken to address this.

The failure to complete and maintain contemporaneous records of decisions about people's care was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had not obtained a copy of a person's power of attorney (POA) to evidence it was valid and applicable. A POA is someone who is legally authorised to make certain decisions on a person's behalf if they lack mental capacity. It is important to check and evidence a POA is valid and applicable so that decisions are made by the people legally authorised to do so. The manager agreed to update their records.

At the last inspection in August 2017, staff had not received adequate training, supervision or appraisals. This was a breach of regulation relating to staffing. At this inspection, although there remained some gaps in staff training the provider was compliant with this regulation.

People who used the service gave positive feedback about the staff who supported them. One person said, "They all know what they are doing and do their job properly." Staff told us they were happy with the support and training provided and that additional training was offered if needed.

The manager had developed a training matrix to monitor and identify staff's training needs. This showed

there will still gaps in staff's training. For example, out of the 16 care staff, five had completed equality and diversity training, seven had completed training in dementia care, nine had completed safeguarding training and eight had completed health and safety training. Although this showed further improvements were needed, a number of training courses had been completed since our last inspection and plans had been agreed with a training provider for courses to be delivered throughout 2018/2019 to further address this.

The manager had introduced records to document the support provided to new staff during their induction, but this system was not yet fully embedded. They had completed a significant number of supervisions and appraisals since our last inspection, but these were not yet being consistently completed at the frequency set out in the provider's own policy and procedures. We have addressed these issues in more detail in the well-led domain.

The provider and manager had taken steps to develop a 'dementia friendly' environment. There was dementia friendly signage on doors to help people find their bedrooms. Handrails and grab rails were painted in contrasting colours to make them easily visible. The manager had acted to develop an outdoor space for people to use and enjoy. Whilst this showed positive progress, further changes could be made to develop a more dementia friendly environment.

The carpets in the lounge and communal hallways were heavily patterned and not dementia friendly. The manager explained the work they were doing to replace these. The meal choices for each day were written on a blackboard in the dining room. Picture menus were not available to support people who may be living with dementia or a cognitive impairment to make informed choices. The manager showed us the work they had started to address this, but which had not yet been completed.

Staff had not always weighed people at regular intervals or at the frequency assessed as needed in their care plans. Nutritional risks had not been consistently evaluated to monitor and assess the level of risk associated with people's weights. Although available records did not show significant concerns regarding people's weight loss, a more robust system of recording was needed to monitor and make sure unexplained weight loss could not go undetected by staff. Following our visit, the manager explained the action they had taken to address this.

People told us they enjoyed the food provided at Grosvenor Hall. They said, "It's lovely, they have all sorts of things on offer", "It is very good, I can't complain", "It's lovely grub" and "I eat everything what comes and it agrees with me so there can't be too much wrong with it. If I don't like something I would say so." A relative said, "I would say it is good basic food. Nicely done. Nicely presented."

People's care plans included information about the support they needed at mealtimes. We observed staff provided support in line with people's assessed needs.

Food was served hot and looked and smelt appetising. Staff offered people alternatives if they did not like what was offered or they had not eaten much. When necessary they patiently supported people to eat their meals, and were proactive encouraging drinks and snacks between meals. Staff had consulted with people's GP and people were prescribed appropriate special diets when needed.

Care plans included information about people's medical history and health needs. People who used the service told us staff were kind and caring if they were unwell and helped them to see their GP or other medical professionals if needed. They said, "The staff always look after me" and "If I was ill, I hope they would help me to see a doctor. They seem to be very helpful here."

Staff recorded visits from healthcare professionals and these showed people were regularly seen by their GP, district nurses, opticians and speech and language therapists when needed. We received positive feedback about the working relationships staff shared with professionals. One professional said, "They are quite proactive when they see people's long-term conditions are deteriorating." They told us staff made appropriate referrals and listened and responded to their advice.

Is the service caring?

Our findings

People who used the service told us staff were caring. Comments included, "I think they are really caring, because they try to do what they can for you", "The staff are kind" and "They are a nice bunch."

Relatives and visitors described staff as pleasant and approachable. They commented, "There is a good spirit here. There are some very good staff, they have a genuine caring nature and are concerned about the people" and "This home offers a homely caring place and all the staff know the residents. That's what the difference is. It is informal, but still professional."

The provider employed a small team of staff and did not use agency workers. This meant people were supported by regular and familiar staff, which helped them to develop meaningful and caring relationships with them.

Staff were friendly and warm in the way they spoke with and supported people. They smiled at people as they moved about the service and took time to talk with them. They showed an interest in people's wellbeing and people who used the service responded positively to them. There was lots of laughing, joking and singing throughout our inspection. This showed us people liked the staff who supported them and enjoyed their company. A person who used the service said, "We are like one big family here."

Staff provided attentive support to meet people's personal care needs. Relatives and visitors said, "The staff are all very good about it. [Relative's name] only has female carers by request and if [relative] spills their food the staff would change them" and "[Name] is in bed all the time, but they are absolutely beautifully cared for, they are clean, tidy and comfortable."

People were clean and appropriately dressed. Staff had helped people when needed to dress according to their preferences and to comb their hair. People had clean clothes and clean hands and nails. This showed us staff supported people to meet their personal care needs and to maintain their dignity.

Staff respected people's privacy and personal space. They routinely knocked on people's bedroom doors before going in their room. A person who used the service told us, "If I want to be quiet they would leave me. They treat you right full stop."

Conversations in communal areas were discreet and respectful. Staff made eye contact and spoke with people in a dignified way. They were patient in their approach, explained what they were doing and offered people choices about how their needs were met.

People told us staff listened to them and respected their decisions. They told us they were free to choose how to spend their time and were not restricted by the support staff provided. Comments included, "I go to bed whenever I feel like it" and "If I want something I ask, and if the staff can do it, they do it." This showed us people had choice and control over their daily routines.

Care plans included information about how people communicated. This helped staff to understand how best to share information. The manager understood the role of advocacy services in supporting people to make sure their views were heard on decisions that were important to them.

Some staff had completed training on equality and diversity. The manager understood the importance of treating people as individuals and ensuring staff did not discriminate. Reasonable adjustments were in place to help people move independently around the service. Although the home was spread across three floors and did not have a passenger lift, a stair lift was in place. People had adapted cutlery and used plate guards to help maintain their independence at mealtimes. Staff patiently supported people to walk around the service. This promoted people's independence.

Is the service responsive?

Our findings

People who used the service told us staff listened to them and provided the care and support they needed. One person who used the service said, "The staff have always been very helpful." A visitor told us, "The staff strive to do their best and I would have no hesitation in recommending people come here."

Each person who used the service had care plans and risk assessments about the support they needed. At the time of our inspection the manager was in the process of reviewing and updating people's care plans.

Care plans which had been updated included more detailed person-centred information about people's needs and how staff could support them. For example, they included a section on people's preferred morning and evening routines with detailed narratives to help staff understand what was important to them and how best to provide support. Other care plans were less person-centred and still needed to be updated to support staff to know how best to meet people's needs.

Despite this, staff showed a good understanding of the people they were supporting, what they liked and disliked and what was important to them. For this reason, we have addressed the recording issues in people's care plans in more detail in the well-led domain.

Staff completed daily records to document the support they provided and to help monitor and make sure people's needs had been met.

At the time of our inspection, no one who used the service was receiving support with end of life care. The manager showed us the work being done to explore and record people's end of life wishes. Records were available to document any decisions people who used the service or those acting on their behalf had made to refuse resuscitation if the need arose. A professional said, "[Manager's name] is quite forward thinking and will ask for advance care plans and will discuss DNACPR."

Staff were collectively responsible for organising activities and providing opportunities for meaningful stimulation. The manager had an activities board to advertise any activities planned. There were no activities advertised on the first day of our inspection and a film night was advertised on the second day of our visit. The manager explained the work they were doing to develop this to provide more comprehensive information about upcoming events.

During our inspection staff spent time talking with people. We observed staff enthusiastically encouraging people to join in singing and dancing and people laughed and joked with them, clearly enjoying themselves. A professional said, "[Manager's name] likes to have the residents laughing and to be happy. Whenever I come in, it is never silent. There is either music on or a carer talking to people and staff do activities with them."

Staff provided positive feedback about the improvements made with activities. They said, "Staffing levels seem a lot better. [Manager's name] will put extra staff on to take people out and to do things", "We have a

regular movie day now, there is definitely more things going on. We have extra members of staff on to do things and get to do whatever they want to do" and "We split the activities between all of us. We do baking, some residents enjoy having their nails done and we play dominoes or snakes and ladders. We have got quite a few games we can play." The manager showed us photobooks they were developing to record and the activities that people had taken part in and enjoyed. They explained how these were being used as a talking point and to help people reminisce on happy memories.

A person also visited the service to support with other activities including exercises and the manager explained plans they had made to take people to a local service providing activities for people with dementia. One member of staff supported a person to go and get a paper and to go to the 'bookies' to collect their 'winnings'. This showed us staff supported people to pursue their hobbies and interests.

Relatives to the service told us they could visit anytime and were made to feel welcome. One visitor said, "They tell me I can visit anytime of the day or night. They always say that." This helped people to maintain relationships and regular contact with people who were important to them.

Staff understood the importance of supporting people to maintain their independence and made sure reasonable adaptations were in place to support this. They were very patient in supporting people to transfer and walk around the home to help maintain their independence.

The manager told us there had been no complaints about the service since our last inspection. The provider had a complaints procedure, which set out how they would manage and respond to issues or concerns about the service. A copy of this was available in the entrance to the home, but this was not in an accessible dementia friendly format.

People who used the service told us they felt comfortable speaking with staff or the manager if there was anything they were unhappy about, but had not needed to complain. Comments included, "Oh I would complain if I had to", "I would tell some of the staff who come in here if I needed to complain" and "I would just tell them if I wasn't happy with someone, but what would I want to complain about?" Throughout our inspection people spoke confidently with staff and there was an open culture in which they were encouraged to speak with staff if they needed anything.

Staff had received cards and letters praising the service and care they provided. Feedback from these was shared with the staff team to recognise and encourage their good practice.

Is the service well-led?

Our findings

At the last inspection in August 2017, records were not well maintained and the provider's audits and quality monitoring were not robust enough to assess and improve the quality and safety of the service. There were three breaches of regulation relating to safe care and treatment, staffing and the governance of the service. At this inspection, some improvements had been made and the provider was compliant with the breaches of regulation relating to safe care and treatment and staffing, but we had ongoing concerns about record keeping and the governance of the service.

The service did not have a registered manager in post. The registered manager had left the service in December 2017, but had not yet completed the process of deregistering. A new manager had been in post since December 2017, but they had not yet completed the process of applying to become the new registered manager.

Records were not always well-maintained. There were gaps in recruitment records. Some people's care plans and risk assessments had been reviewed and updated. These contained more detailed and up-to-date information about people's needs, the risks to their safety and the support staff were required to provide. However, some care plans still needed to be updated and lacked information and detail to support staff to provide safe and effective care. Simulated evacuations had not been documented to show staff knew how to respond if a fire occurred.

The manager was completing more regular audits than at our last inspection of the service. Audits included checks of the home environment, infection prevention and control practices and medicine management. The provider had organised for three monthly external audits to be completed with action plans in place setting out changes and improvements needed.

These audits showed a more positive and proactive approach to monitoring the quality and safety of the service. However, they needed to be developed and more robustly used. They had not been successful in identified and addressing all of the issues and concerns identified during this inspection.

At our last inspection we made a recommendation about documentation in relation to the MCA and best interest decisions. At this inspection, consent to care was not appropriately recorded. Mental capacity assessments and best interest decisions had not been documented. Further progress was needed to ensure staff received regular training, supervisions and an annual appraisal of their performance. People's weights had not been robustly monitored and changes in weight assessed and evaluated.

The manager had started developing a dependency tool to help them monitor staffing levels, but this process had not been completed at the time of our inspection. Further progress was needed to make sure the provider was meeting the requirements of the Accessible Information Standard. This standard was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand.

Although there were ongoing issues and concerns the manager showed us plans in place or work in progress to address this. For example, we expressed concerns about single paned glass in some windows and the risk of people falling from height. They showed us a safety rail, which had recently been installed and quotes they had received to add secondary glazing to areas where risks had been identified. They had made plans to gradually replace flooring and were in the process of implementing dementia friendly signage to advertise activities on offer and the days meal choices.

Whilst this showed a positive commitment to continual improvement, we were concerned about the progress and timescale within which improvements were being made. This is the third consecutive time the service has been rated Requires Improvement overall and the third consecutive time we have found a breach of one or more regulation. The ongoing failure to provide a consistent standard of 'good' care showed us the service had not been well-led. The provider had not established and operated effective systems and processes to ensure the quality and safety of the service.

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

The manager had limited support structures in place to enable them to deliver the changes and improvements needed. A visitor told us, "[Manager's name] could do with a deputy. They are working very hard to update and improve things." A member of staff said, "I think [manager's name] could do with a bit of support, there is no deputy or administrator so they have got a lot to do, but they do their best and the home has improved a lot." The manager explained that senior care workers supported them in running the service and they delegated responsibilities to them. The provider told us they were supporting senior staff to take on more responsibilities to support the manager.

We received positive feedback about the new manager and the positive changes they had made since starting work at the service. People who used the service told us they liked living there and the manager was supportive. Comments included, "I am quite content", "I enjoy being here" and "[Manager's name] is lovely. If I am upset they come and hold my hand."

Staff told us the service was well-led and praised the impact the new manager had made since taking over management of the service. Feedback included, "[Manager's name] has changed things for the better. They are happy, the staff are happy and that rubs off on the residents too. We have a laugh and joke here" and "It is a nice place to work, we all get on. Everything is handed over and staff speak to each other so we all know what is going on."

A professional said, "Since [manager's name] has taken the reigns it is a lot better. They are very open and very focussed on patient care. They accept problems and tries to iron them out. It is definitely getting better."

The manager was clearly committed to providing person-centred care and showed genuine concern for people's wellbeing and quality of life. They spoke enthusiastically about the changes and improvements being made as well as those planned to continue improving the service.

We received positive feedback about the effective teamwork at Grosvenor Hall. Staff told us, "[Manager's name] is authoritative, but it is more relaxed now. They ask you to do things rather than telling you and we all muck in and help each other." Another member of staff praised the manager's approach to supporting and role modelling good practice. They said, "[Manager's name] is very hands on really cares about the residents."

The manager held meetings to share information about the service with the staff team, talk about changes they were making and any improvements that were needed. This showed a collaborative approach to working with staff to make changes.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 not established and operated sufficiently robust systems to assess, monitor and improve the quality and safety of the service. Complete and contemporaneous records had not been maintained in respect of each service user and of decisions taken in relation to their care. Regulation 17 (1)(2)(a)(c).</p>

The enforcement action we took:

We issued a Warning Notice.