

# Ultima Care Centres (No 1) Limited

## Berwick Care Home

### Inspection report

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16 January 2018

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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

The inspection took place on the 10 and 16 January 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting.

At our previous inspection in September 2017, we found five breaches of the Health and Social Care Act 2008. These related to safe care and treatment, safeguarding people from abuse and improper treatment, meeting nutritional and hydration needs, staffing and good governance. We placed conditions on the provider's registration to minimise the risk of people being exposed to harm. This included imposing a suspension of admissions to the home. We rated the service as inadequate.

The provider sent us a weekly action plan to inform us what action they were taking to improve. They also sent us the required information we had requested in relation to the conditions which had been placed upon them.

At this inspection, we found the provider had met the conditions and was compliant with all the regulations we inspected. Following the inspection, we agreed that the conditions placed upon the provider's registration, including the suspension of admissions could be removed. The provider sent us details of how they would safely manage and monitor new admissions to the service to ensure sufficient staff were deployed. Although improvements had been made in all areas, further improvements were required in certain aspects of the service.

Berwick Care Home 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 care home can accommodate up to 50 people. There were 27 people living at the home at the time of the inspection.

A new manager was in place. She had started at the service seven weeks prior to our inspection. People, relatives and staff spoke positively about her leadership. She had commenced the application process to become a 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 and associated Regulations about how the service is run.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

There were sufficient staff deployed. Agency staff were still used at the service and the provider tried to ensure the same agency staff were requested for consistency. Some staff raised concerns about future staffing levels after the suspension was lifted. We have made a recommendation that staffing levels are kept under review.

There were safe systems in place to receive, store, administer and dispose of medicines.

Checks and tests had been carried out on the premises and equipment to ensure they were safe. The decor in certain areas of the home was worn and some of the paintwork was damaged. This damage meant it was difficult to keep these areas clean. In addition, not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia. We have made a recommendation about this.

There were risk assessments in place where people had been identified as being at risk. These had been reviewed and updated following our last inspection. We noted that these were now accurate and reflected people's needs.

Staff told us that they felt supported in their roles. There was a supervision and appraisal system in place. However, clinical supervision had not yet been introduced. Clinical supervision is a formal process of professional support and learning which enables staff to develop their knowledge and competence. The skills and competencies of agency staff and permanent staff were not always available. The manager told us that these issues were being addressed. We did not have any concerns about the skills of nursing staff on duty at the time of the inspection.

Staff were following the principles of the Mental Capacity Act 2005 (MCA) which provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

We observed that staff supported people with their dietary requirements. We observed positive interactions between people and staff.

Care plans had been reviewed and updated and reflected people's needs. We have recommended that the provider follows best practice guidance with regards to wound care documentation.

A new activities coordinator was in post to help meet the social needs of people. A varied activities programme was in place.

A complaints procedure was available. No formal complaints had been received. Feedback systems were in place to obtain people and their representatives' views.

People and relatives spoke positively about the home. One person said, "It's five star," another said, "10 out of 10."

There was a quality assurance system in place. The manager and previous interim manager had prioritised what action needed to be completed first. The manager had started to commence audits at the service. Staff informed us they were happy working at the service and morale was now good. We observed that this positivity was reflected in the care and support which staff provided throughout the inspection.

We have rated the service as requires improvement. Whilst we recognised that action was being taken to address the previous concerns; the manager was not yet registered with CQC; the systems and changes which had been introduced were still in the process of being embedded and improvements were still required with regards to the environment, staff training and evidencing staff competencies. We will check these during our next planned comprehensive inspection.

## 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.

The decor in certain areas of the home was worn and some of the paintwork was damaged. This damage meant it was difficult to keep these areas clean.

Agency staff were still used at the service. The provider tried to ensure the same agency staff were requested for consistency. Some staff raised concerns about future staffing levels after the suspension on admissions was lifted.

There was a system in place to manage medicines safely.

Safe recruitment procedures were followed.

### Is the service effective?

**Requires Improvement** 

The service was not consistently effective.

There was ongoing training. Evidence of the clinical skills and competencies of staff was not always available and a clinical supervision system was not yet in place. However, we did not have any concerns about the clinical skills of staff at the time of our inspection.

Not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia.

Staff followed the principles of the Mental Capacity Act 2005.

People were supported to receive a suitable and nutritious diet and access health care services.

### Is the service caring?

**Good** 

The service was caring.

Action had been taken to improve in this key question.

People and relatives told us that staff were caring. We saw

positive interactions between people and staff.

People and relatives told us and our own observations confirmed that staff promoted people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Action had been taken to improve in this key question.

Care plans had been reviewed and updated and reflected people's needs.

A new activities coordinator was in place to help meet people's social needs.

There was a complaints procedure in place.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

A new manager was in place. People, relatives and staff spoke positively about her leadership. She had commenced the application process to become a registered manager.

Action was being taken to address the previous concerns. However, the manager was not yet registered with CQC; the systems and changes which had been introduced were still in the process of being embedded and improvements were still required with regards to the environment, staff training and evidencing staff competencies.

Staff informed us that they enjoyed working at the home and morale was good. We observed that this positivity was reflected in the care and support which staff provided throughout the inspection.

# Berwick Care Home

## Detailed findings

### Background to this inspection

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

The inspection took place on 10 and 16 January 2018 and was unannounced. The inspection team consisted of an inspector and a specialist advisor in nutrition.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a new provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service, how they are addressing the five questions and what improvements they plan to make.

We contacted Northumberland and Scottish Borders local authority safeguarding and contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

We spoke with 10 people and three relatives on the day of the inspection. We also spoke with one relative by phone following our inspection.

We spoke with the nominated individual, manager; a nurse and an agency nurse, two senior care workers, six care workers, the activities coordinator, chef and housekeeper. Following our visits to the home, we spoke with two members of night staff including an agency nurse to ascertain how care was provided at night. We also spoke with a reviewing officer from Scottish Borders Council, two pharmacists and a pharmacy assistant.

We observed people's care and support in communal areas of the home and viewed nine people's care records to ascertain how care was delivered. We also looked at information relating to staff recruitment and training. We examined a variety of records which related to the management of the service.

# Is the service safe?

## Our findings

At our previous inspection, we found there were insufficient numbers of suitably qualified, competent, skilled and experienced staff deployed. Safeguarding procedures were not always followed and risk assessments had not always been carried out to assess risks people faced in their daily lives. We rated this key question as inadequate. We took urgent enforcement action and imposed conditions upon the provider's registration. These included not being able to admit anyone new to the service and carrying out a review and assessment of risks to people's safety and wellbeing.

At the time of our last inspection, the local authority placed the service in organisational safeguarding. This meant that the local authority was monitoring the whole home. The service remained in organisational safeguarding. A meeting was planned to determine whether sufficient improvement had been made to ensure the service could be taken out of this process. A member of the local authority safeguarding team emailed and stated, "Berwick Care Centre have provided regular updates on their action plan, and there has been significant input into the home from a number of agencies including OT [occupational therapy], Scottish Borders, contracts, safeguarding team and care management and unannounced visits. Evidence from this input suggests that the home has made significant progress in addressing the concerns identified."

There were safeguarding procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. They told us they had no concerns about practices at the home. The manager had appropriately referred safeguarding concerns to the relevant authorities.

Prior to our inspection, a relative contacted us regarding concerns about the poor care their family member had received before their death in September 2017. They told us they wanted to ensure that lessons had been learnt and other people would not have to go through what they had been through. We passed these concerns to the manager and she contacted the relative and explained what actions they had taken to ensure that people received safe, compassionate and responsive care. In addition, she asked whether the relative wanted to attend one of the support meetings especially for relatives to share their experiences. We read an email from this relative to the manager which stated, "My concerns and fears have been allayed mostly, knowing that improvements are being made and hopefully meaning that the same won't happen to someone who finds themselves in a similar position, and I can only thank you for undertaking the challenge and putting your high standards in place in all aspects of care in Berwick Care Home."

We checked staffing levels at the service. A permanent full time nurse was now employed and the provider was going to employ one of the agency nurses they used. Agency staff were still used at the service. The manager told us and rotas confirmed, that they always tried to ensure the same agency staff were requested for consistency. We spoke with a member of the local authority's contacts team who said, "It's a lot calmer now." A reviewing officer told us, "There's improved staffing and appointment of permanent registered nurses."

A staffing tool was now used to assess the numbers of staff on duty. This was linked to the dependency levels of people at the service. Throughout our visit, we observed that staff carried out their duties in an

unhurried manner. Nurse call bells were answered promptly.

Most people and staff said there were sufficient staff on duty at the time of our inspection. Two people stated that more staff would be appreciated. Some staff raised concerns about future staffing levels after the lifting of the suspension.

Following our inspection, the provider sent us details of how they would safely manage and monitor new admissions to the service to ensure sufficient staff were deployed.

We recommend that staffing levels are kept under review following the lifting of the suspension.

People told us that they received their medicines as prescribed. One person said, "They are good with medicines, I have them four times a day." The service had been working with the medicines optimisation team and the local pharmacy team to help improve medicines management at the service. The pharmacist from the medicines management team said, "There has been good engagement in resolving or addressing the recommendations made." The pharmacy assistant told us, "There's been a vast improvement."

We observed staff administer medicines and saw that staff carried out this procedure safely. A safe system was in place for the receipt, storage and disposal of medicines including controlled drugs. Controlled drugs require stricter controls because they are liable to misuse.

Some people had certain medicines administered via a patch applied to their skin. A system was in place for recording the site of application. It was not clear however, that one person's patch application had been rotated in line with the manufacturer's guidance to prevent side effects. The manager told us that this would be addressed immediately.

There were risk assessments in place where people had been identified as being at risk. They described the actions staff were to take to reduce the possibility of harm. Areas of risk included choking, falls, moving and handling, malnutrition and pressure ulcers. These had been reviewed and updated following our last inspection. We noted that these were now accurate and reflected assessed risks.

We checked the safety and suitability of the premises and equipment. Checks were carried out to ensure the building and equipment were safe. Some of the bathrooms had been refurbished. A member of staff told us, "We've got new chairs and the bathrooms have been done." We found that the decor in certain areas of the home was worn and some of the paintwork was damaged. This damage meant it was difficult to keep these areas clean.

Staff told us and our own observations confirmed, that staff had access to and used personal protective equipment such as gloves and aprons.

Staff told us, and records confirmed that the correct recruitment procedures were carried out before staff started work. We examined one staff member's recruitment file and noted that a DBS check had been obtained. A DBS check is a report which details any offences which may prevent the potential staff member from working with vulnerable people. They help providers make safer recruitment decisions. Two written references had also been received. This demonstrated the provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and of suitable character to do their jobs.

We have rated this key question as requires improvement. We recognised that action was being taken to



address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. The provider was monitoring staffing levels and plans were in place to address the environmental issues. We will check these issues at our next planned comprehensive inspection

## Is the service effective?

### Our findings

At our previous inspection, we found there were gaps in the provision of training; competency checks for staff were not available; there was no system in place for clinical supervision; evidence of consent was not always included in people's care files and it was not always clear whether some people were receiving a suitable diet which met their needs. We rated this key question as requires improvement. We took urgent enforcement action and imposed conditions upon the provider's registration. We stated the provider had to send CQC a comprehensive training programme following our previous inspection to ensure that staff were suitably trained and competent to meet the assessed needs of people.

At this inspection we found the provider had taken action to improve, however, further improvements were required.

Staff informed us they felt equipped to carry out their roles and said that there was sufficient training available. One member of staff said, "What I like about [name of manager] is that she explains anything new that she is going to introduce or explains why we need to do the training. She doesn't just say, 'here – do this.'" Staff had completed a variety of training in safe working practices and to meet the specific needs of people. Training was ongoing. The reviewing officer told us that she was delivering further training in dementia care.

Staff told us that they felt supported in their roles. There was a supervision and appraisal system in place. Supervision and appraisals are used to review staff performance and identify any training or support requirements. Clinical supervision had not yet been introduced. Clinical supervision is a formal process of professional support and learning which enables staff to develop their knowledge and competence. The manager told us that a clinical governance meeting had been organised shortly after our inspection. She stated that clinical supervision would be discussed. The skills and competencies of agency staff and permanent staff were not always available. The manager told us that this was being addressed. We did not have any concerns about the skills of nursing staff on duty at the time of the inspection. The reviewing officer told us, "I feel reassured that the nursing staff employed have a good knowledge of the needs of older adults – nutrition, hydration, pressure care, on a basis of preventative measures and early intervention."

We found that not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia. There was limited signage to help orientate people. Some bathrooms and toilets only displayed the 'disabled sign' or the letters 'WC.' In addition, some of the bathrooms and toilets were bare and clinical and would benefit from pictures to help orientate people as to the purpose of the room. One staff member told us, "The bedrooms need refurbished...they are lacking the niceties to make it more homely." Another stated, "It needs to be more personalised and they need some more memory triggers, not just their name on their doors."

We recommend that the design and decoration of the premises is based on current best practice in relation to the specialist needs of people living at the service.

Following our inspection, the nominated individual stated, "The management team are due to meet with [name of manager] on Thursday January 25 to discuss an action plan to address such issues as making the environment more dementia friendly."

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 when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had submitted DoLS applications in line with legal requirements. There was a delay in the authorisation of applications for people who had previously resided in Scotland. This was due to external factors and was not due to any oversight by the provider.

The manager was strengthening their documentation to ensure it clearly evidenced how staff were following the principles of the MCA.

People's nutritional needs were met. People and relatives spoke positively about the meals at the service. Comments included, "The food is terrific," "The food is good" and "She is eating a lot better and drinking a lot better." We checked the home's menus and found they met the Government's 'Eatwell' guidelines. There was the option of fruit and vegetables at every meal which made up a third of people's daily recommended intake. The Eatwell guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet.

At our last inspection, we observed that one person was cared for in bed and received a pureed diet. At this inspection, the nurse told us and our own observations confirmed that the person's condition had improved. Staff had contacted the speech and language therapist who had visited the individual and prescribed a fork mashable diet. We saw the person in the dining room enjoying their lunch.

Staff had referred people to their GP and local NHS dietetic service if there had been any significant weight loss. We checked people's food and fluid charts. Each person had their own fluid targets, which we were told had been agreed with their GP. We viewed fluid charts and saw staff had totalled up the daily amount of fluids which had been consumed. The manager checked all fluid balance charts and highlighted any totals which did not reach the set target. When a target was not met, a specific staff member was assigned the following day to ensure the target was met. We noted that fluid targets were always met following any 'non-target day.' This meant that risks associated with dehydration were reduced.

We observed the lunch time period and saw that staff were attentive to people's requirements. Individual support was provided discreetly.

We saw evidence that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, district nurses, speech and language therapist, dietitians, the chiropodist and dentist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns we had raised; however, further improvements were still required with regards to the environment; training was ongoing and evidence of the competencies and skills of nursing staff were not always available. We will check these issues at our next planned comprehensive inspection.

## Is the service caring?

### Our findings

At our previous inspection, we found that people had not always received high quality, compassionate care. We rated this key question as requires improvement. At this inspection, we found the provider had taken action to improve and had ensured good outcomes for people in this key question.

People and relatives told us that staff were caring. Comments included, "They're all very pleasant," "I'm as happy as I can be away from home," "I'm very blessed to be here," "All you hear is laughing [between people and staff], it's lovely," "I love it here, it's my home," "I'm very happy here – they are very kind to me," "The staff are wonderful," "She is now being cared for – they [staff] now have the right attitude" and "The staff are great – it's their attitude. I don't like to leave my room and they all come in and have a blether [chat] with me. The staff couldn't be better." A reviewing officer stated, "Reviews held by Scottish Borders Council have reassured that residents' needs are being met appropriately."

We saw positive interactions between staff and people. One staff member said to an individual, "You are canny [nice]." The person reached out and gave the staff member a hug and told us, "The staff are lovely and very tolerant of this old b\*\*\*\*\*!" Another member of staff sat beside a person and the individual hugged their arm affectionately." One person came into the lounge and a staff member said, "Pull up a chair my flower." The person sat down and joined in the conversation. Whilst we were sitting in the manager's office, a person passed and blew the manager a kiss. The manager responded with a cheery wave.

A key worker system had been introduced. This system helped ensure that each person and their families, had a key point of contact and who knew their care needs in detail.

Staff were aware of people's needs, wishes and life history and could describe these to us. We heard a person talking to a staff member about their family. The staff member could remember the names of all eight of the person's siblings.

Care plans contained information about people's life histories which had been developed with people and their relatives. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

People and relatives told us that people's privacy and dignity was promoted. Staff knocked on people's doors before they entered and spoke with people respectfully.

People and relatives told us they were involved in people's care. Comments included, "It's family orientated. We're starting residents and relatives meetings – if we want to have a talk with each other, we can to help each other" and "They always come in and ask what I want – yes they involve me."

A 'resident of the day' system had been introduced. Members from all departments met with the person including maintenance, housekeeping, hospitality and clinical staff. Relatives were informed by letter of when their family member was going to be 'resident of the day' so they would be able to "Come into the

home on the day and go through the care plan and give any concerns, positives and talk about their life history." This scheme helped to make people feel special and ensure that all aspects of their care and support were met and their care documentation was up to date.

## Is the service responsive?

### Our findings

At our previous inspection, we found that care records did not always reflect people's needs; there were gaps and omissions in people's care records and there was a lack of meaningful activities. We rated this key question as requires improvement. We took urgent enforcement action and imposed conditions upon the provider's registration. We stated that the provider had to review and update people's care plans to ensure they reflected people's needs.

At this inspection, we found that action had been taken and the provider had ensured good outcomes for people in this key question.

People and relatives told us that staff were responsive to people's needs. Comments included, "Anything I want they do," "If anything changes they are onto it," "They make sure I get up and about to make sure I don't get sore" and "She is now getting the attention she needs. She has a new chair which is better. They are getting her up more – she was spending too much time in bed." Positive feedback was also received from reviewing officers. One reviewing officer told us, "There is evidence of residents now getting out of bed... Residents are now sitting up in lounge area which not only improves their posture and breathing but allows them to take part and participate and be part of the home's 'community.'" The manager told us, "People are living here – it's all about helping people have a life here."

Care plans had been reviewed and updated and generally reflected people's needs. We read one person's wound care plan. We noted that photographs had been taken of the wound and regular reviews were carried out. However, full details of the type and size of wound were not included. The manager told us that this would be addressed.

We recommend the provider follows best practice guidance with regards to wound care documentation.

No one was receiving end of life care at the time of our inspection, however information relating to people's end of life wishes was included in people's care plans.

We checked diet, fluid and positional charts. We noted that these were accurately completed. A reviewing officer told us, "[Name of manager] has been monitoring hydration very closely; she also allocates members of staff daily to take responsibility for fluids and position changes."

People and relatives told us that activities had improved. Comments included, "They have a little mini bus and we went to Spittal for a coffee morning – it was so nice to go out for coffee," "They are always doing activities. [Name] the singer was here," "You get different types of entertainment like accordion players and singers" and "I'm a lot happier with the activities. We never had activities, but now we have them – it's a big bonus. They've even been taking him out in the van."

A new activities coordinator had been appointed. A reviewing officer stated, "The activity worker is flexible and covers evenings and weekends if required. She has organised numerous festive events." Another

reviewing officer stated, "There is evidence of activities in the home. There was a concert on when I visited. All residents attended and there was a good party atmosphere."

We spoke with the activities coordinator. She spoke enthusiastically about her role. She explained that people loved music. This was confirmed by our own observations. People enjoyed listening and singing to Scottish music in the upstairs lounge. Other activities included arts and crafts, floor games, a visit to the local pantomime performance, entertainers and baking. She explained that baking helped people to share memories about food. She said that some people preferred one to one activities. She told us, "One lady likes to have a chat, so we have a walk together around the building and look at the birds in the garden." She also said, "Staff came to tell me today about a 'snowball fight.' [Name of person] said he had wanted to throw a snowball, so the staff went out and got some snow and opened his window and he threw a snowball at them."

We observed that the service had become more integrated. People who lived on the first floor and who had a dementia related condition enjoyed spending time downstairs. One member of staff said, "There's a lot of interactions between upstairs and downstairs, people are not segregated by their illness." One individual said, "There's no restrictions on where we can go – you don't feel hemmed in."

There was a complaints procedure in place. We spoke with one relative who had raised a complaint. She told us that action had been taken to resolve the issues raised. No complaints had been received since the new manager had been at the home.



## Is the service well-led?

### Our findings

At our previous inspection, we found that an effective system was not in place to monitor the quality and safety of the service. Staff told us that morale was very low which most of them said was due to the management of the service. We rated this key question as inadequate. At this inspection, we found the provider had taken action to improve, however further improvements were still required.

Following our previous inspection, we took urgent enforcement action and imposed conditions upon the provider's registration. We stated that the provider had to ensure an acting manager was in place to oversee the day to day management of the service until a permanent manager had been identified. The provider met this condition and appointed an interim manager from October until December 2017 when a new permanent manager was found. People, relatives, staff and health and social care professionals spoke positively about the changes the interim manager had introduced. Comments included, "She started the ball rolling," "We started to see a change when [interim manager] started" and "[Name of interim manager] was brilliant."

The new permanent manager had commenced employment seven weeks prior to our inspection. She was a registered nurse. She had started the application process to become a registered manager.

People, relatives and staff also spoke positively about her. Comments included, "We have a new manager, there's been lots of changes – it has improved," "[Name of manager] is approachable, you can go to her and talk to her, before you felt like things were being swept under the carpet," "The manager seems to be getting on top of things now," "Since [name of manager] has come, it's completely changed," "The new manager is very nice, you can put things to her. I think the staff know that she is in charge," "You have to be fair, firm and understanding and from what I've seen – she is," "I like the new manager; she always pops in and says hello. There's been a lot of improvements," "[Name of manager] has been great," "We needed someone to lead us and now we have," [Name of manager] – you can tell she is going to stick about. She likes a challenge" and "We have a good manager and a good team."

The home was also overseen by senior managers of the provider's team. The previous regional manager had left and a new regional manager was in place. The nominated individual who was also the chair of the company visited the home monthly to speak with people, relatives and staff. People and staff appreciated his visits. Comments included, "I've met [name of nominated individual] and he seems a good man," "The boss is right canny [nice]. I feel you can speak to him – he is on your wave length," "I did get a thank you from [nominated individual] and that meant a lot" and "[Nominated individual] comes once a month and he gets things done."

The manager told us she was advertising for a deputy manager and a head of dementia care to further strengthen the management of the service.

There was a quality assurance system in place. The manager and previous interim manager had prioritised what action needed to be completed first. The manager had started to commence audits at the service. The

director of operations sent us a weekly action plan following our previous inspection. We noted that action was being taken to address all the concerns we had raised.

Staff were now positive about working for the provider. They said they felt valued and enjoyed working at the home. Comments included, "It's like chalk and cheese from what it was," "It's loads better," "I don't want to leave anymore," "Everyone is working together as a team," "The atmosphere is so different," "I love my job," "Things are dealt with now," "I would gladly have my mother here and that is the ultimate test" and "It's the best job I've ever had." A reviewing officer told us, "Staff morale appears good. Staff I spoke to said they felt better supported." A relative commented, "I think it has picked up a lot, I think the atmosphere has picked up."

We observed that this positivity was reflected in the care and support which staff provided throughout the inspection. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

Following our inspection, the nominated individual copied us into an email that he had sent to all staff at Berwick Care Home. This stated, "I just wanted to take this opportunity to thank each and every member of staff at Berwick Care Home in ALL departments, along with members of the senior management team who were involved in working diligently to ensure the turnaround of this home. The important thing now is to continue working together as a team with the wishes and interests of the service users central to everything we do. Just look at what you have all achieved by adhering to policies and procedures and by communicating more effectively with each other, and by accepting direction. This has resulted in much better outcomes for the people who live at Berwick, and who depend on your care and support. We must continue the upward trajectory, build on the success to date, and never ever allow the circumstances in which we found ourselves in September 2017 to be repeated again."

Various communication systems had been introduced or strengthened. A new documented handover system was in place and daily 'huddle' meetings were carried out for the heads of departments. Regular staff meetings were also carried out. These systems helped improve staff awareness, communication and involvement in all aspects of the service.

Meetings for people and relatives were also held. A newsletter had also been introduced. One person said, "We have had a newsletter – it's the first one I've had. We also have resident and relatives meetings." Surveys were also carried out. These systems helped involve people and their representatives in the running of the service.

We have rated this key question as requires improvement. Whilst we recognised that action was being taken to address the previous concerns; the manager was not yet registered with CQC; the systems and changes which had been introduced were still in the process of being embedded and improvements were still required with regards to the environment, staff training and evidencing staff competencies. The nominated individual told us, "You have my assurance that the improvements made will be sustained."