

SA & JO Care Limited

Crouched Friars Residential Home

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

Crouched Friars Residential Home provides accommodation and personal care for up to 56 older people. Some people also have dementia related needs. The layout of the premises is by means of three interconnected buildings; Crouched Friars [main house], Friars Wing and Colne Lodge [for people living with dementia]. There were 33 people living at the service on the day of our inspection.

People's experience of using this service and what we found

The service was improving and feedback from people, relatives and staff was positive. Risk assessments were in place on areas such as health and safety, equipment and the environment. People had been provided with the specialist equipment they needed to mitigate risks however the systems in place for the management of catheters were not clear which placed people at increased risk of infection.

Infection control systems required further work and the provider agreed to review again the sluice and address some of the residual odours which were still in place.

There were systems and processes in place to protect people from abuse. Staff had received training and were clear about the need to escalate matters of concerns such as bruising.

Medicines were satisfactorily managed, but it was agreed that the administration of creams and lotions would be reviewed to ensure that people had received their medicines as prescribed.

There had been significant staff change since the last inspection and a number of staff had left. The provider was in the process of recruiting, but they were still dependent on agency staff. Staff were positive about the changes that had taken place and morale was improving. Staff were visible and able to respond to people's needs promptly.

Improvements had been made to the recruitment processes and we found that checks on staff suitability were undertaken on all new staff prior to their appointment. A new training programme was in place to develop staff skills and staff were encouraged to access additional qualifications. Staff were positive about the training and we observed that moving and handling practice had improved.

Parts of the building had been refurbished and looked clean and fresh. Some areas of the service still looked tired and we identified some flooring which was worn, and areas without window coverings. The provider agreed to address the areas that we had identified and provide us with a detailed action plan setting out their long-term plans for refurbishment.

The food looked appetising and people told us that they enjoyed the food. People were appropriately supported with eating and drinking and there were clear systems in place to ensure that people's preferences were considered, and the risks associated with eating managed.

People told us staff treated them with kindness and were respectful of their choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us that they were able to raise issues, and the records of complaints showed that concerns which had been raised had been investigated and responded to.

Care plans had been rewritten and provided information on people's needs and preferences. However, they were still a work in progress and further information was needed on specific areas such as end of life care to ensure that people receive the support they needed.

There were systems in place to handover information to ensure that staff were kept updated.

People had access to a range of social opportunities however the service was without an activity coordinator although we were assured an appointment had been made.

Following the last inspection, the registered manager left the service and was subsequently deregistered by CQC. Consultants were appointed by the provider and have been overseeing change at the service. A new manager was in place and has made an application to CQC for registration.

Staff, people using the service and relatives were positive about the changes and the new manager. They told us that the culture had improved, and the service operated in a more open and transparent way.

The provider had greater oversight and regular audits were undertaken to check progress and drive improvement. While the audits had not identified all the areas that we found we could see that the service was an upward trajectory. Further work is needed to embed the changes and ensure that people receive a consistent level of service over a period of time.

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection (and update)

Inadequate (Published 23 August 2019). There were multiple breaches of regulation and the service was placed in special measures. CQC placed restrictions on the admissions of people to the service. Following the inspection, we met with the provider to discuss the findings of the inspection and the actions needed. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 ●

Crouched Friars Residential Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has had personal experience of using a service or caring for someone. Our expert had experience of older people.

Service and service type

Crouched Friars is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give

some key information about the service, what the service does well and improvements they plan to make. As part of planning we sought feedback from other agencies such as the Local Authority and we used this information to plan our inspection.

During the inspection

We spoke with the manager, the deputy manager as well as eight members of staff and a visiting professional. We spoke with eight residents and two relatives and observed care practice. We reviewed six care and support plans, medication administration records, three recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement.

This meant 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; Preventing and controlling infection

At our last inspection risks were not assessed and infection control was not effectively managed. This demonstrated a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place relating to areas such as health and safety, equipment and the environment. People had been provided with the specialist equipment they needed to mitigate risks.
- People who required support with moving and handling had individual slings to assist them to mobilise and we observed that staff assisted people in a safe way. Specialist mattresses and cushions were in place to reduce the likelihood of skin damage and people were repositioned at regular intervals.
- The systems in place for the management of catheters were not clear which placed people at increased risk of infection. Staff were not always documenting weekly bag changes, so it was unclear if they were being undertaken as required. The manager agreed to immediately address this.
- Certificates were in place for gas safety and we saw external contractors checked the building for legionella and to ensure the fire safety systems were working effectively.
- Most of the environment was safe however we did identify some areas which needed attention. This included two radiators which did not have covers to protect people from the risk of harm. Hot water was not routinely tested to ensure that the thermostatic valves were working effectively to prevent the risk of scalding. Following the inspection, we received confirmation that these areas had been addressed.
- The systems in place to manage the risk of infection had improved but further work was still needed. A new sluice had been fitted since the last inspection, but this did not have a sink and did not provide easy access for staff to access the facilities to wash commodes across all floors and reduce the risk of cross infection. The provider agreed to review and subsequently informed us that a new sink would be fitted in the sluice.
- The building was cleaner and new flooring had been fitted in the communal areas on the ground floor. There remained a residual odour in some areas including the dining room and it was agreed that the dining room chairs would be deep cleaned or replaced. Foot operated pedal bins were in place but not working effectively and the provider agreed to replace these.
- People had access to water jugs in their bedroom, but they were not dated so it was unclear how long they had been there. We also observed high risk food items in the main kitchen fridge which were not covered or dated. The manager agreed to immediately address these issues.
- Staff had access to personal protective equipment such as gloves and aprons.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the providers systems and procedures did not protect people from the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- There were systems and process in place to protect people from abuse. Staff had received training and were clear about the actions that they needed to take if they had concerns about people's welfare.
- Staff told us that there had been a culture change at the service and what was written down was no longer "controlled" and they were encouraged to escalate and report concerns. One member of staff said, "We now have to document everything, every bruise, every mark." This was echoed in records which showed that people's skin was monitored, and any unexplained bruising was identified and investigated to identify the cause.
- Safeguarding issues were escalated to the local authority for investigation and notifications made to CQC outlining the actions taken to keep people safe.

Staffing and recruitment

At our last inspection there were insufficient numbers of competent staff employed, and we found a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was also not undertaking adequate checks when they recruited staff and was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 and 19.

- There had been significant staff change since the last inspection and some staff had left. The provider was in the process of recruiting new staff, but they were still dependent on agency staff. One member of staff said, "We have been short of staff with a lot of agency. They are trying to get the best staff, and this takes time. They do use a lot of agency but try to have the same ones to keep things consistent."
- Staff were positive about the changes and one told us, "Lots of staff have left but they needed to as they were not willing to change. We work better as a team, there is no them and us between the day and night staff. The staff team now work for the benefit of the people who live here, and we feel happier as staff."
- The provider had a system in place to assess people's needs and levels of dependency which they used to calculate the numbers of staff.
- We observed that staff were visible and able to respond to people's needs promptly. People told us that there were enough staff, one person said, "If I press my buzzer, the girls are always quick to arrive." Another said, "Sometimes you have to wait a while if they're seeing to somebody else, but that's OK with me."
- Improvements had been made to the recruitment processes and we found that checks on staff suitability were undertaken on all new staff prior to their appointment. Identity checks, criminal records check, and appropriate references had been obtained on newly appointed staff to ensure that they were suitable for the role.

Using medicines safely

- Medicines were satisfactorily managed. There were systems in place for the ordering, administration and monitoring of people's medicines.
- Medicine administration charts were in place and were well maintained. Information was included on how people liked to take their medicines and there were PRN protocols in place to guide staff on when these medicines should be administered.
- We checked a sample of medicines, including controlled drugs against the administration records and saw that they all tallied. Staff completed daily stock checks to check that people were receiving their medicines as prescribed.

- Staff received training and their competency to administer medicines was checked at regular intervals.
- One person told us that they had not received their creams as prescribed and when we checked the records we saw that there were gaps in the signatures of administration. The manager agreed to more closely monitor the administration of creams and lotions.

Learning lessons when things go wrong

- There were systems to record and report safety concerns and near misses. Accident and incidents were logged and reviewed by a senior member of staff. People at risk of falls were referred to the frailty clinic for a medical review.
- Equipment such as lasers were in place for those individuals who had been identified as being at risk of a further fall. This equipment alerted staff to people starting to mobilise.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question had improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection the provider did not have an effective system in place to assess and meet people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- There had been no new admissions to the service since the last inspection as a restriction had been placed on the provider's registration preventing any new admissions. However, some people had returned to the service following a hospital admission and their needs had been reassessed to ensure that the service could continue to provide the care they needed.
- New care plans were in place which were much improved and better reflected the needs of people. While further work was needed, care plans were more person centred and provided staff with clearer guidance on how to support people and meet their needs.
- People's needs had been regularly reviewed to ensure staff could continue to meet people's changing needs.

Staff support: induction, training, skills and experience

At our last inspection the provider did not have an effective system in place to train staff and ensure that they were competent for their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- A new training programme was in place to develop staff skills and staff were encouraged to access additional qualifications.
- Staff were positive about the training they received and told us that it was much improved. One member of staff said, "Before the previous manager was doing all the training and they weren't that interested in what they were doing. Now it is good training, better quality...and we know exactly what is expected of us."
- People expressed confidence in the skills of the staff and one person told us, "I have to be hoisted and the girls do it very carefully, they're very kind."
- Staff demonstrated improved skills and knowledge for example we saw that staff followed safe practice when helping people to mobilise. We saw that the management team were working alongside staff to implement training and improve performance.
- The completion of training was overseen by the manager and they showed us a training matrix which

showed what training staff had completed and when it was due for a refresher.

- Staff had regular supervision which included performance and, observation checks to ensure staff provided quality, safe care. They told us that they could always speak to one of the senior members of staff if they had any concerns.

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

At our last inspection we found that the service was not clean and was not properly used. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- New flooring had been fitted in the ground floor and some of the ensuite bathrooms had been upgraded which meant the service looked brighter and cleaner. The signage had been improved to help orientate people around the building. Some areas of the service still looked tired and we identified some flooring which was worn, and rooms without window coverings. The provider agreed to address the areas we had identified and provide us with a detailed action plan setting out their long-term plans for refurbishment.
- There were systems in place to alert staff to people's movement at night, but several bedrooms did not have call bell leads which people could reach to call for assistance at night. The manager agreed to review this and ensure that there was a clear rationale for people not having access to a call bell which took account of the risks of falls.
- People and staff were positive about the changes that had been made. A relative told us, "It used to smell here, and we were thinking of moving (relative) to another home, but now it's lovely here now." A member of staff told us, "It's so nice to see the new carpets and decorations, much nicer."

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

- People told us that they enjoyed the food
- The meal served on the day of our inspection was nicely presented and looked appetising. Staff used plated up meals to assist people make a choice between the two choices available.
- People received the support that they needed at mealtimes. Staff were attentive and prompted people to eat. One person was assisted by a member of staff and they ate very slowly. The member of staff was observed giving the person the time they needed. Another person declined their meal, but staff returned several times and offered gentle encouragement and the person was persuaded to have a pudding.
- People had good access to hot and cold drinks.
- People's weight was monitored to identify any weight loss, and this was overseen by the manager. Staff were clear about how to support people who may be at risk of poor nutrition and how to fortify and supplement people's diets. There was a list in the kitchen with information on specialised diets, likes and dislikes and allergens, this was updated weekly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed that people had access to a range of health care professionals including GP, occupational health and district nurses.
- Transfer records were in place to assist the transfer of information should people need to go to hospital in an emergency.
- The service had an oral health policy, but people's oral healthcare had not always been assessed and it was not clear what level of support people needed. Care plans did not include planning to ensure regular check-up visits with a dentist. The manager told us they were in the process of trying to obtain the services of a visiting dentist.

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 when this is in their best interests and legally authorised under the MCA. 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.

- Staff had received training in the Mental Capacity Act and we observed staff asking people for consent when they proposed caring for them.
- The manager was aware of their responsibilities and Mental Capacity Assessments were in place and where appropriate DoLS applications had been submitted to the local authority
- There was a DoLS tracker in place for monitoring the progress and outcome of applications.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection we found that care was not provided in a manner that was respectful and protected people's dignity. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Previously there was a culture of delivering care in a way that suited the management and staff within the service, and not how people preferred. People, relatives and staff told us that this had changed with staff leaving and a new management team in place. One person told us, "Things have improved 100% with the new manager." A member of staff told us, "Now we have clear rules. We know what is expected. There is much more of a focus on the people who live here."
- Staff and management had drawn up a set of values to underpin how the care was to be delivered and these were on display. The manager and deputy manager were visible throughout the service reinforcing the behaviours and values that were expected.
- A relative told us, "The carers have really got to know my relative so well... They keep them lovely and clean and well shaven, and they always have nice clean clothes on."
- We observed staff checking that people were comfortable and the interactions were kind and caring. A member of staff got a pillow for one person, so they were sitting in a more comfortable position. Staff took their time with people and interactions and care was appropriately paced. We observed staff engaging with people as they assisted them to mobilise with the use of a hoist to ensure that they knew what was happening.
- The atmosphere in the service was relaxed and calm, staff sat with people and showed interest in them and what they were doing. Staff knew how to provide people with emotional support and we observed staff offering people reassurance by touching them gently on the arm or speaking quietly to them.

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

- People's care plans had been rewritten and it was evident that people were involved as much as possible.
- People and relatives were provided with opportunities to feedback their views on how the service was run. Regular meetings were held with families and people living in the service to keep them updated on changes to the service and discuss any areas of concern.
- The manager had introduced weekly newsletters which set out what was planned over the coming week and encouraged people to discuss any issues or concerns.

Respecting and promoting people's privacy, dignity and independence

- People told us that the staff were respectful. Some people chose to spend their time in their room and they told us that this was respected by staff.
- Peoples relatives were welcomed into the service. One person told us, "Whenever I come in the staff always say hello and make me feel welcome."
- People looked cared for and were appropriately dressed. The chiropodist was supporting some people in the communal areas and it was agreed that people would benefit from more privacy. The manager agreed to ensure that screens would be available, and people given the choice to return to their room to maintain their privacy and dignity.
- People could do some things for themselves and this was referred to in the care plans. We observed people being encouraged to be independent with eating and drinking but staff were nearby and stepped in to support as needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found the service was not delivering care in a personalised way. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since the last inspection care plans had been re-written and were more person centred, setting out people's needs and how they liked to have their care provided.
- Some plans however, lacked specific information on areas such as the management of distressed behaviours.
- One person had swollen legs but when we looked at the care plan there was insufficient detail about the cause, diagnoses and how this should be managed. Another person had low sodium levels and the care plan stated that staff should monitor but it was unclear how this was being managed to ensure effective oversight. The manager told us that the care plans were a work in progress and they would address the areas we identified.
- Daily records were maintained which set out the care provided. People told us that they were offered baths, but this was not always corroborated in the records and the management of the service agreed to look further at this.
- The service had recently introduced resident of the day and it was planned that people needs would be reviewed as part of this process. Families told us that they were involved in the care planning process. One said, "They are just re-doing my relatives care plan and they've arranged to meet with me and go through it to make sure I'm ok with it's well."
- Flash meetings were held each day and provided staff with an opportunity to feedback and escalate any concerns to the manager. One the day of our visit staff fed back that one person was declining to get up and it was agreed that other staff would pop in at regular intervals to offer them assistance.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had recently developed a new accessible information policy.
- Peoples communication needs were identified and recorded in their care plan. One plan stated, 'Staff should take note of facial expressions to give us an indication of how the person is feeling or what they are trying to communicate with us.'

- People were observed wearing their hearing aids and glasses. Staff communicated with people in a way that they understood, taking their time and getting alongside people to enable them to hear more clearly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activity coordinator had recently resigned, and the post was vacant, but the provider told us that a new appointment had been made. The provider recognised that this was an area that needed to develop further, and they and new manager expressed confidence that they were moving forward.
- In the interim staff were undertaking activities with people and on the day of our visit flower arranging was undertaken by several people. There was an activity calendar in place and we saw that people had access to a range of activities including baking, bingo and manicures
- People spoke positively about the activities and we heard that there were entertainers and a local school who visited. Some people spent the majority of their time in their bedrooms and it was agreed that the service would explore further how to support these individuals to access social opportunities and maintain relationships.
- Communal areas were set up to facilitate interaction and relatives were made to welcome when they visited the service.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people told us that complaints were responded to in a more open and transparent way. One family member told us, "I previously emailed a complaint in so that it was recorded, but with the new manager she is very approachable and easy to chat with, she has a good attitude."
- Records showed that when people made a complaint, their concerns were taken seriously and investigated.
- People received a written response and apologies were given when the service did something wrong or did not provide the care that people needed.

End of life care and support

- The service was not supporting anyone who was end of life at the time of our inspection, however there were some people who were frail.
- End of life plans were not in place for all the people whose records we viewed and therefore their wishes and preferences were not documented.
- The manager and other senior staff were aware that this was an area that needed development and had a plan to consult with people and their families.
- Do not attempt resuscitation (DNAR) were in place for those people who had expressed a wish not to be resuscitated. There was a system in place to enable staff access this information in an emergency.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found that governance and oversight was not effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Crouched Friars has a history of not meeting the requirements and at the last inspection this service was rated inadequate across all areas. CQC had significant concerns about the welfare of people living in the service and the lack of oversight. Following the last inspection, the registered manager left the service and was subsequently deregistered by CQC.
- The registered provider appointed consultants to oversee and manage change at the service and a new manager was appointed. The new manager has made an application to CQC for registration and this is currently in process.
- We identified that improvements had been made at this inspection, staff had received additional training, care plans had been rewritten, and there was an improved governance system. The manager collected data on areas such as complaints, safeguarding and incidents which were reviewed and analysed to identify learning.
- New audits had been introduced in areas such as care planning, health and safety and falls to monitor progress. Night visits were undertaken, to check on how the service operated at night. Where audits identified shortfalls action plans were in place setting out what was needed, and the progress made was monitored. The provider and the consultant were regularly visiting the service and were known to the staff and people using the service.
- This service was on an upward trajectory and while it was positive to see the change in key areas, further work is needed to embed the changes and ensure that people receive a consistent level of service over a sustained period of time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The new manager was enthusiastic and committed to improving the service for the benefit of the people living there. People staff and relatives told us that they were approachable and there had been a positive

culture change at the service with the focus now on people using the service rather than meeting the needs of staff or management.

- Staff morale was improving, and staff were proud of what they had achieved and the benefits for the people living in the service.
- One member of staff told us, "It has been an unsettling period. The management was very poor before, very unprofessional . . . Things have improved a great deal and now much more settled. . . The new manager is on the ball, they have made so many improvements it is a much nicer place to work." Another said, "It was very stressful when we had the changeover of management. . . We had new rules, good rules, we needed them, but we weren't used to it.

Now it is 100% better. We have daily meetings. The communication has improved. The new manager is lovely, so professional and works hard to get things right for the residents."

- The manager of the service had made notifications as required to CQC and the consultant has continued to keep CQC updated of events at the service and changes that were being made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager was visible and accessible. We observed that they worked alongside the staff and knew the people living at the service well. One person told us, "I do like the new manager. They have been up to see me, and they help the girls out a lot. They are always helping."
- The manager held regular meeting with residents and relatives to update them on changes that they had made at the service.
- Daily meeting were held within the service to handover information. Regular staff meeting were held with groups of staff to discuss good practice and how this could be implemented at the service.
- The management of the service worked in an open way with key stakeholders such as the Local authority quality team and safeguarding team sharing their improvement plans.