

Asprey Healthcare Limited

Smallbrook Care Home

Inspection report

Suffolk Close
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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 06 March 2018 and was unannounced. Our last inspection was in September 2017 where we identified ten breaches of the legal requirements. These related to risk management, medicines, consent, staffing numbers, staff training, dignity and respect, person-centred care and governance. At this inspection, we found that the provider had taken action to meet the requirements of the regulations in these areas. The improvements identified had only been in place for a matter of months and we will need to see evidence of sustained improvements at the service before they meet the characteristics of a 'Good' rating in all domains.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Smallbrook Care Home 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.

Smallbrook Care Home accommodates up to 41 people across two floors, each of which have separate adapted facilities. The home provides a service to people living with dementia and all people living at the home had a diagnosis of dementia. Some people also had physical disabilities and long term medical conditions. At the time of our visit, there were 24 people living at the home.

The registered manager had very recently left and the provider was in the process of recruiting a new registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Risks to people were routinely assessed and plans were implemented to keep people safe. Where people had suffered falls, the provider had taken actions to reduce the risk of them falling again. There were systems in place to analyse repeated falls and regularly review risks. People had plans in place to support them with needs relating to their behaviour and staff had been trained in how to support people living with dementia. Staff had the right knowledge in relation to safeguarding and understood their roles in protecting people. People had access to a variety of activities and care was planned in a person-centred way. However, we did identify some areas, such as end of life care, where information was not complete. We made a recommendation about care planning.

Staff supported people to access healthcare professionals when required and we saw evidence of their

involvement in care planning. People received their medicines safely and in line with best practice. People's dietary needs were met and where people had needs relating to their nutrition, care plans were followed in this area. The home environment was clean and the provider carried out regular checks to reduce the risk of the spread of infection. We did note one sluice area that was not completely clean and secure. We made a recommendation about how the provider manages their sluice areas.

The provider was developing a positive culture through visible leadership at the home. There had been changes to the whole management team at the time of inspection and planned improvements in response to our concerns had been implemented. There was increased management presence at the home and staff said they felt supported. The provider carried out a selection of regular audits to check the quality of the care that people received. There had been a number of complaints due to the poor quality of care delivered at our last inspection. The provider was working on addressing these at the time of our visit. We recommended that the provider improves the information given to complainants.

People were supported by kind and committed staff. We observed pleasant interactions between people and staff throughout the inspection. Staff provided sensitive care to people and communicated with people in a way that was sensitive to their needs. People were regularly offered choices and involved in their care. Staff knew people well and supported them in a way that enabled them to maintain independence. Staff were respectful and provided care to people in a way that maintained their privacy. Staff sought people's consent and where they were not able to, staff followed the guidance of the Mental Capacity Act 2005. There were enough staff working at the home to keep people safe and the provider had carried out appropriate checks on new staff to ensure they were suitable for their roles.

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 consistently safe.

We identified improvements to risk management and responses to incidents and falls. We will require evidence of consistency in this area before applying a 'Good' rating.

People's medicines were administered and managed safely.

Staff took action to reduce the risk of the spread of infection. We made a recommendation about how the provider manages the sluice areas.

There were sufficient numbers of staff present to safely meet people's needs. The provider carried out checks to ensure staff were suitable for their roles. Staff understood their roles in safeguarding people from abuse.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's consent was sought and staff provided care in line with the Mental Capacity Act 2005. However we noted one instance in which improvements had not been fully implemented in this area which was addressed after the inspection.

Staff had received appropriate training for their roles and one to one meetings with their line managers.

People were supported to access healthcare professionals and staff provided care in line with their guidance.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff provided care that was dignified and sensitive to people's needs. Staff knew the people that they supported well.

People were involved in choices about their care and staff found ways to develop people's independence.

Good ●

Staff were respectful of people's privacy when delivering care.

Is the service responsive?

Good ●

The service was responsive.

Care was planned in a person centred way, but there were some improvements required in this area. We made a recommendation about care planning.

People had access to a range of activities that suited their needs and interests.

The provider investigated and responded to complaints. We made a recommendation about information provided to complainants.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There were improvements to leadership and culture at the home. We will require evidence of consistency in this area before we apply a 'Good' rating.

The provider was implementing improvements in line with their action plan and a variety of audits were carried out to measure care quality.

Staff felt supported by management and there were regular meetings to involve staff, people and relatives in the running of the home.

The provider understood the responsibilities of their registration and had been notifying CQC of important events and incidents.

Smallbrook 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.

This inspection took place on 06 March 2018 and was unannounced.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the 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 improvements they plan to make.

As part of our inspection we spoke with nine people, four relatives and a visiting pharmacist. We spoke with the nominated individual, the deputy manager, a lifestyle co-ordinator, the chef and four care staff. We also observed the care that people received and how staff interacted with people.

We read care plans for five people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty. We looked at four staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We also looked at records about food, activities and minutes of meetings involving people, staff and relatives.

Is the service safe?

Our findings

At our inspection in September 2017, we identified a lack of action taken in response to incidents, such as falls. Risk management was not robust and we had concerns for the safety of people living at the home. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014). At this inspection, we found that the provider had taken action to meet the requirements of the regulation. After our last inspection, we rated the service as 'Inadequate' in Safe. As improvements had only been implemented over the last six months, we will not apply a 'Good' rating to this domain until the provider is able to demonstrate consistency through sustained improvements.

People told us that they felt safe at Smallbrook Care Home. One person said, "Yes I do feel safe. They [staff] look after me well." Another person said, "There are always staff around to help me if I need anything, I wouldn't want to be anywhere else." A relative told us, "I can't speak highly enough of the home. I feel [person] is absolutely safe and I have no concerns."

Risks to people were assessed with appropriate actions identified to keep people safe. A staff member told us, "I am risk assessing the whole time, I follow procedures and the care plan." People's care records contained evidence of risks being assessed and regularly reviewed. Where risks were identified, plans were documented to keep people safe. For example, one person was living with dementia and could encounter hazards due to their low perception of risks. To manage this, their records said staff should supervise the person and walk with them when able to and to encourage them to engage in activities. We observed staff supporting this person in line with this guidance during our inspection. Staff also completed regular checks on the person's wellbeing and recorded that they had done so. Where people faced risks such as falls, plans were in place to reduce these risks and people were observed being supported by staff to move with walking aids as documented in their care plans.

Where accidents or incidents occurred, staff took appropriate actions to ensure people's safety. Staff kept records of all incidents or accidents and recorded the action that they had taken. Records showed that the actions taken made sure that people were safe and identified measures to reduce the risk of a repeat incident. For example, one person had suffered two falls in a month. Following each fall, the person was checked for injuries and monitored. Staff also reviewed the person's risk assessment and increased supervision was put in place. The person was then referred to their local community falls team to identify further measures to keep them safe. Another person was living with dementia and had become agitated on three occasions, causing minor altercations with another person. In response the person's risk assessment was reviewed and the person was given one to one support at times when they were more likely to become anxious. This had caused a reduction in incidents involving this person. The provider had notified CQC and the local authority were informed of the incidents and carried out a review of the person's needs.

People's medicines were managed and administered safely. Medicines were stored securely and in line with the manufacturer's guidance. The temperature of storage areas was checked and we observed storage areas to be neatly organised. Staff were observed administering medicines and this was done in line with best practice. Staff confirmed people's identity and checked people's tablets against their prescribed

medicines as listed on the medicine administration record (MAR). MARs clearly stated people's allergies and contained photographs of people, so staff could confirm they were administering medicines to the right person. We did note that there had been a recent incident in which a new member of staff had administered medicines to the wrong person. In response, the staff member was taken off medicine administration duties. The provider then changed their process for assessing competency to make it more robust. They had also increased measures to identify people, by introducing photographs on people's rooms to further guide staff. This showed that the provider responded to medicines errors in a way that reduced the risk of them happening again.

MARs were up to date with no gaps. Where people had not received their medicine due to social leave or hospital admission, this was clearly documented on their MAR. Staff were observed completing MARs promptly after they had administered medicines to people, to ensure that they were accurate and up to date. Medicines were regularly audited and we saw that where actions had been identified at a recent audit, the provider had addressed them. For example, a recent audit had identified that staff had not always documented correctly when people had refused their medicines. We found that all refusals had been correctly recorded when we checked MARs. The pharmacist was visiting the home on the day of our visit and they told us that they had found no concerns with medicines safety and gave positive feedback on the improvements at the home. They said, "When I look now and think about what it was like three months ago I can see a big change."

At our inspections in April 2017 and September 2017, staff had not raised safeguarding concerns correctly and staff lacked knowledge of safeguarding reporting protocols. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities 2014). At this inspection, the provider had taken action to meet the legal requirements of this regulation. Staff demonstrated a good understanding of where to raise safeguarding concerns and were knowledgeable about the different types of abuse. Records showed that staff had been raising concerns appropriately and the provider had been in contact with the local authority where one person's behavioural needs had resulted in three recent safeguarding incidents.

At our inspection in September 2017, there were insufficient numbers of staff at the home to keep people safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities 2014). At this inspection, the provider had taken action to meet the legal requirements of the regulation.

There were sufficient numbers of staff present to meet people's needs. The provider had increased staffing numbers since our last inspection. We noted that the ratio of people to staff was higher and we observed that staff were able to provide the assessed levels of supervision that people required to remain safe. Staff told us that they had seen improvements in this area and that the use of temporary agency staff was reducing. The provider was in the process of recruiting staff and at the time of inspection there were a number of unoccupied rooms. We will follow up on how dependency levels are met as more people are admitted to the service at our next inspection.

At our inspection in September 2017, we identified that recruitment checks were not always robust and some information was missing from checks. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities 2014). At this inspection, the provider was meeting the requirements of the regulation. Staff files contained evidence of a number of checks including, work histories, health declarations, references and a check with the Disclosure and Barring Service (DBS). The DBS is a system used to identify potential staff who would not be appropriate to work within social care.

People were protected against the risk of the spread of infection. The home environment was clean and communal areas smelt fresh. The provider employed housekeepers and they were observed cleaning during

the inspection. Housekeeping staff followed cleaning schedules that ensure all areas of the home were regularly cleaned. Infection control audits were in place to check the cleanliness of the home. We did note that one sluice room was not locked, which could present a risk to people living with dementia. We also noted that there was an unpleasant odour in this room throughout the day.

We recommend that the provider reviews their infection control processes to ensure best practice is followed in maintaining clean and secure sluice areas.

People lived in a secure building. Regular health and safety checks were carried out on the building to ensure that it was safe. The risk of fire had been assessed and the provider had alarms and equipment to keep people safe in the event of fire. Staff were knowledgeable about fire procedures and regular tests and servicing of fire equipment was carried out. Each person had an individual personal emergency evacuation plan (PEEP) to guide staff and the emergency services as to how to keep people safe in the event of an emergency. The provider had a plan for how to ensure people's care could continue in the event of the building becoming uninhabitable following an emergency.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people 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 so that they can 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).

At our inspection September 2017, people's legal rights were not protected as staff did not follow the correct legal process as outlined in the MCA. We found that where restrictions had been placed upon people to keep them safe, these were not applied consistently due to the entrance to the home being unsecured. We also found staff lacked knowledge of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities 2014). At this inspection, we found that the provider had made improvements to meet the requirements of the regulation but did need to make further improvements to the way that people's mental capacity was documented.

People's consent was sought in line with the MCA. Staff demonstrated a good understanding of the MCA and how it applied to the people that they supported. People's care records contained evidence of mental capacity assessments that had taken place to establish people's capacity to make decisions. Where people were unable to consent to their care, a best interest decision was documented that had involved relatives and healthcare professionals. We did note that mental capacity assessments were similar and were not always decision-specific. For example, one person was receiving their medicines covertly as they lacked the mental capacity to make decisions around their medicines. The person's capacity had been assessed with regards to consent but there had not been a separate assessment and best interest decision around medicines. We raised this with the provider at the end of the inspection and they carried out a decision specific mental capacity assessment and reviewed all mental capacity assessments to ensure they were decision specific. We will apply a 'Good' rating to this domain once we have seen sustained and consistent improvements in this area.

At our inspection in September 2017, staff did not have appropriate training to meet people's needs. Staff supported people with complex needs relating to their dementia and we found instances where staff did not demonstrate a good understanding of how to support people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities 2014). At this inspection, the provider had taken appropriate action to meet the requirements of the regulation.

Staff had received training that equipped them for their roles. Staff told us that they had seen improvements to training since our last inspection. A staff member told us, "We had a dementia trainer here every week for six weeks." The staff member told us that this had improved their understanding of dementia and how it

affected people that they supported. Staff had also received training in areas such as health and safety, safeguarding medicines and end of life care. The provider kept a record of training and this showed most staff were up to date with training, but there were some gaps as there had been new staff recruited since our last inspection. We saw evidence that a number of training courses were due to take place following our inspection. We will look for sustained improvements in this area at the next inspection.

People were served food in line with their preferences and dietary requirements. There was a menu available each day and people were offered a choice. People's care plans clearly documented their likes and dislikes and the kitchen also had this information in their records. Records showed that people had received food in line with their preferences. For example, one person's care plan said they liked cake and ice cream. Staff had documented that the person had eaten cake the day before our visit. People were regularly asked their feedback on food and menus and residents meetings and through surveys.

People's dietary needs were met. Where people had specific dietary needs these were documented and met. For example, one person was living with diabetes which was controlled by them maintaining a balanced diet. Their care plan documented this and the types of foods that they liked and were able to eat as part of a balanced diet, as well as information about their diabetes and any changes to the person's health that staff should be mindful of. The kitchen had records of this person's dietary needs and prepared low sugar dessert options for them. Where people required softened diets, these were documented and met. Care plans also documented specific guidance for staff on supporting people living with dementia to eat. One person was living with dementia and needed their food to be cut up so that they could eat independently. We observed this person being supported to eat in line with this guidance.

Staff worked alongside healthcare professionals to meet people's needs. People's care records contained evidence of involvement from healthcare professionals such as the GP or community health agencies. For example, staff had noted one person was having difficulty swallowing. The person was referred to the speech and language therapist (SALT). The SALT recommended that the person eats pureed food to reduce the risk of choking. The person's care plan was updated to reflect this and they received pureed foods each day. When staff had noted changes to another person's behaviour, they were seen by the GP who diagnosed an infection and prescribed them antibiotics. People's records contained evidence of regular check-up visits from the dentist and the optician.

The home environment was tailored to people's needs. The building was spacious and we observed people using walking aids and wheelchairs had space to move around the home. Rails were in place to guide people and provide support. There was signage throughout the home to help people to orientate themselves. Where we had concerns with the security of the entrance at our last inspection, the provider had taken action to ensure the premises were secure and people's safety was assured.

Systems were in place to ensure that people would receive a thorough assessment before receiving care. Following our last inspection, the provider had put voluntary embargo in place whilst they addressed our concerns. Therefore, there had not been any new admissions to the service. We saw evidence of assessment documentation that could identify people's needs and choices that was ready to use.

Is the service caring?

Our findings

At our inspection in September 2017, staff did not always treat people with dignity and respect. We observed instances where care tasks were provided to people without staff engaging with them, people's needs were not fully met, which impacted on people's dignity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities 2014). At this inspection, the provider had taken appropriate action to meet the requirements of the regulation.

People told us that they were supported by caring staff. One person said, "They [staff] are very kind to me. I like them, they are always so friendly and willing to help." Another person told us that they staff were, "Very nice." A relative told us, "The staff were always friendly and helpful. We don't leave feeling distressed."

Staff had received training in dignity and this had been discussed at meetings and one to one supervision meetings. Staff had received additional training in dementia care and they told us this had given them an understanding of how to provide care sensitively to people living with dementia. One staff member told us that following their dementia training, they used clear sentences to speak with people and offered visual choices with clothing and food. We observed practice that demonstrated staff had a good understanding of dementia that helped them to provide sensitive and dignified care. For example, we saw one staff member talking to a person about their previous employment. Staff told us that this person liked to talk to them about their background as they remembered a lot about that time of their life. The person appeared happy when staff engaged with them about this. Staff knowledge about the people that they supported was good and throughout the day staff were able to give us information about people's backgrounds as well as their needs.

People were supported by kind and committed staff. During the day we observed pleasant and caring interactions between people and staff. In the morning, staff told us it was one person's birthday and they had a surprise for them. Staff were observed wishing the person a happy birthday and one staff member gave the person a hat to wear. Later, people and staff sang happy birthday to the person and one of the person's favourite songs was played. Staff were observed engaging with people in activities, sharing jokes and chatting with people throughout the day.

Staff took time to engage with people and involve them in their care. People's records contained information about their preferences and staff were observed giving people day to day choices when providing food, drinks and activities. The provider asked people about their cultural background and religion when they came to live at the home, so that any specific cultural or religious needs could be met. Where people were not able to verbally express themselves, staff engaged using gestures or touch. For example, one person had fallen asleep in the lounge. Staff placed a hand on the person's hand and quietly asked them if they wished to go to bed. The person indicated that they would like to stay there so staff got cushions and a pillow for the person. Whenever staff engaged with people they did so patiently, coming down to people's eye line and providing gentle reassurance. A staff member told us, "I have to respect their [people's] own decisions and let them have their rights, but I still need to make sure they are safe."

Staff promoted people's independence when providing support to them. People's care plans outlined their strengths and abilities, to enable staff to encourage them to maintain skills. For example one person was able to carry out most of their personal care tasks, if staff provided prompts and encouragement. Their care plan contained guidance for staff on how to encourage the person to complete personal care tasks independently. Staff were knowledgeable about this person's strengths and told us that this person was able to support themselves with their support. One staff member told us, "If you give [person] toothpaste on their brush, they can brush their teeth."

People's privacy was respected by staff. People had their own rooms and we observed that people were given time to themselves by staff during the day. Where one person required constant supervision from staff to reduce risks relating to their dementia, this was done in the least intrusive way possible. For example, staff were observed allowing the person space when they wished to watch an activity in the lounge. Where people required support with personal care, this was done discreetly and with doors closed.

Is the service responsive?

Our findings

At our inspection in September 2017, people's care was not planned in a person centred way. Care plans did not accurately reflect people's needs and staff did not provide care in line with people's preferences. We also found there was a lack of appropriate activities for people living at the home. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities 2014). At this inspection, the provider had taken appropriate action to meet the requirements of the regulation.

People told us that they were happy with the activities on offer. One person said, "They have flower arranging, I really enjoy that. It brightens the room up." Another person said, "Sometimes there's exercises and music. Someone plays the keyboard and they have a sing along."

People had access to a range of activities. The home employed lifestyle co-ordinators. These were staff who took a lead on preparing a programme of activities for people, based on their needs and interests. There was a timetable of activities at the home and it covered a variety of different types of activity. The timetable included music, exercise, arts and crafts, discussions and themed events. There were multiple activities taking place each day. During our visit we observed people taking part in a scheduled exercise activity, flower arranging and dancing. Activities were discussed at meetings and people were given opportunities to feedback or make suggestions. People had access to a large lounge area where we observed that people socialised, watched television and spent time playing games or engaging in activities with staff. There was also a smaller quiet lounge that staff told us one person particularly enjoyed as they could become anxious in noisy environments. A staff member said, "Every day there is something going on for people."

Care plans reflected people's needs and what was important to them. Records documented the support people needed from staff to complete personal care and daily living tasks. There was also information for staff about people's preferences and routines which enabled them to provide person-centred care. For example, one person could become anxious when being supported with personal care. Their care plan made this clear and stated that staff should try to engage the person, but to allow the person time if they refused. Daily notes showed staff had documented when the person had refused care, but were usually successful when asking the person later. Another person's care plan documented that they spoke German and enjoyed music. We saw that they had been supported to rent a German CD from the library and regularly listened to music. Whilst we did note improvements with the care people received and care planning, we did identify some areas where more detail would be beneficial for staff. For example, one person had a diagnosis of depression and they did not have a care plan for this or guidance for staff on how to support this person if they experienced low mood. There were not any people receiving end of life care at the time of inspection. However, we did note that information about people's wishes in this area were limited. Whilst important information such as whether people wished to go to hospital admission was recorded, we did not always see person centred information about people's wishes and preferences with regards to end of life care.

We recommend that the provider reviews care plans to ensure they fully reflect people's needs and wishes.

People's care was regularly reviewed. Care plans contained evidence of regular reviews and reviews taking place where changes in need had been identified. For example, one person had been seen by the community falls team due to falling twice in a month. The falls team recommended that the person use a wheelchair for moving longer distances and their mobility care plan was updated to reflect this.

People's complaints were documented and responded to. The provider kept a record of all complaints and any actions that they had taken in response. Records showed that complaints were being investigated and responded to. We noted there had been a high number of complaints since our last inspection. Relatives had raised concerns with the quality of the care in the months following our inspection. People had left the service and we noted there were two complaints still in progress. In both cases, the provider had not yet informed people that they could approach the local government ombudsman if they were not satisfied with how their complaints were handled. We did note this was in the provider's complaints policy, but this information would have been helpful in the instances we identified. We informed the provider of this and they told us they would bear this in mind in the future.

Is the service well-led?

Our findings

At our inspection in September 2017, there was a lack of leadership at the home. There was a lack of management support in place during the registered manager's planned four month absence and there was a significant lack of oversight of risks and care delivery. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014). At this inspection, the provider had taken appropriate action to meet the requirements of the regulation.

People and relatives told us they had seen improvements to leadership at the home. One person said, "[Deputy manager] is always around." A relative said, "The acting manager is very nice, always willing to listen to you." Another relative told us, "The manager is good; approachable and sympathetic."

Since our last inspection, the whole management team had been replaced and there was increased management support available to staff. The provider introduced the role of deputy manager as well as employing an interim manager and staff told us this had meant they felt more supported. The registered manager had left the week before our inspection and the provider was in the process of recruiting a replacement. By having a deputy manager role and the interim manager, there was management presence on the rotas throughout the week. Staff told us that management were open and they felt comfortable raising any concerns with them. During the inspection we observed management working alongside staff to support people. People interacted warmly with managers which showed that they were familiar with them and comfortable in their presence.

The provider had actioned improvements in line with their action plan. After our last inspection the provider implemented an action plan to address our concerns and shared this with CQC. The provider submitted regular updates to CQC and sought advice from stakeholders such as the local authority and the clinical commissioning group (CCG). We found that this had led to improvements to staff knowledge and training. For example, falls training had been arranged through the local community falls team. The action plan showed that actions had been taken as planned by the provider. For example, improvements to the security of the front door to the home had been actioned soon after our last visit. A thorough analysis of falls was taking place and we identified improvements to actions being taken to reduce risks of repeated falls. Staff training had been improved and staff feedback on this was positive. Staff told us that they felt more confident in their roles and the improvements ensured that people were supported by staff that had the knowledge and skills to support them. The provider was now meeting the legal requirements of the regulations. We will now require a period of constancy and sustained improvements before the service meets the characteristics of a 'Good' rating in Well-led.

There had been improvements to audits and checks at the home. The provider carried out audits in areas such as medicines, health and safety, infection control and documentation. Where audits identified improvements, these were added to the provider's ongoing action plan and implemented. A recent medicines audit had identified and addressed gaps on MARs. At a recent provider visit, they identified a need for improvements to cleaning schedules. This had been implemented and we noted the home environment was clean on our visit. Documentation audits were ongoing and continued to address shortfalls to risk

management plans and care plans that we identified at our last inspection.

Staff, people and relatives were involved in the running of the home. Regular meetings took place for staff and records showed that these were used to pass on important messages, discuss people's needs and provide opportunities for staff to make suggestions. For example, at a recent meeting staff had suggested people who would require a food and fluid chart, as they felt they were at risk of malnutrition and this had then been implemented. Regular meetings also took place for people and relatives. We noted that the provider had arranged regular meetings to provide updates on improvements that they were implementing. As well as keeping people and relatives informed, the meetings also provided opportunities to involve people and their relatives in the improvements at the home.

At our inspection in September 2017, the provider had not been notifying CQC of incidents that they were required to do so as part of their registration. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we noted that the provider had been submitting notifications to CQC when required. Management had contacted CQC where they were unsure if a notification had been required. Where incidents had occurred, CQC were notified in a timely manner.