Abbey Healthcare (Westmoreland) Limited

Kendal Care 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

This unannounced comprehensive inspection took place on 7and 8 September 2017. The last comprehensive inspection of Kendal Care Home was in January 2017 when we rated the service as inadequate and the home was placed in special measures. At that inspection, we found a number of breaches of regulation that affected the safety of people living in the home and the quality of the service provided.

During this inspection, we saw that the provider had taken action to improve the safety and quality of the service. However, we did find some areas still needed to improve and demonstrate they could be sustained.

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.

Kendal Care Home provides nursing and residential care for up to 120 older people, some of whom are living with dementia. The home is over three floors and has a passenger lift for access to these. There are three units in the home, one designated to residential care, one for nursing and one for dementia care. All bedrooms are single occupancy with ensuite facilities. Each of the three units has its own communal dining and lounge areas. There is a cinema room for all people living in the home to use. The home is set back from the main road, with level access to garden and outdoor areas. There is ample car parking for visitors. At the time of the inspection there were 58 people living in the home.

There was a manager in post who had commenced their application to become registered at the time of the inspection. A registered manager is a person who has registered with the (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were very happy with the improved care and treatment at Kendal Care Home.

The management of medications had improved and was seen to be much safer. We saw that the service had worked hard to improve in this area since the last inspection. Medicines were being stored, administered and recorded appropriately.

While there were significant improvements we have made a recommendation about the management of some medicines.

There had been a number of new staff appointed since the last inspection and we found that one of the

checks of suitability, before commencing employment, had not been completed.

We have made a recommendation that the service ensures that all the checks of suitability for fit and proper persons being employed are completed.

Since the last inspection, the provider has been responsive and proactive in implementing and improving the systems used in the recording of information about people's needs and the planning of their care. We saw that risks related to peoples care and treatment were being better recorded and managed. Records had been improved to ensure accurate details about the changing needs of people were available to the staff looking after them.

We saw that all staff had completed a revised programme of induction training and had received specific training to ensure they had the right skills to meet people's needs. We saw that improvements to how the ongoing training of staff was managed had been made. Staff told us how they felt supported through supervision and training to fulfil their roles.

The level of staffing on the day of the inspection was sufficient to ensure that the current number of people living in the home had their needs met. The numbers of staff on shift during the day and night were consistent with the dependency levels of people identified.

The provider had recruited specific staff to support people with their choice of activities.

We observed staff displayed caring and meaningful interactions with people and they treated them with respect. People living and visiting the home spoke highly of the new manager and senior management team.

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 always safe.

Not all of the checks of suitability of staff employed were completed.

Medicines were being more safely.

There was sufficient and suitably qualified staff available at the time of the inspection for the number of people living in the home.

Risks related to peoples care and treatment had been appropriately assessed and managed.

People told us they felt safe and well cared for in this home.

Is the service effective?

Requires Improvement

The service was not always effective.

We found that action had been taken to improve the effectiveness of the service.

Consent to care and treatment had been obtained involving where required appropriate others

Staff had received the appropriate training to enable them to deliver safe care.

Assessments and management of nutritional requirements had improved.

This meant that the provider was now meeting legal requirements.

Is the service caring?

Good

The service was caring.

People told us that they were being well cared for and we saw that the staff were respectful and caring in their approaches.

We saw that staff promoted people's personal dignity and privacy.

People living in the home and their relatives were involved in the improvements made to the running of the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We found that action had been taken to improve the effectiveness of the service.

Care plans had been improved in detailing individual care needs making the delivery of care more person centred.

There were varied and meaningful activities available.

The provider had been responsive in making improvements since the last inspection.

This meant that the provider was now meeting legal requirements.

Is the service well-led?

Requires Improvement

The service had new leadership which was still developing.

New systems implemented needed to show consistency and effectiveness in the safety and quality monitoring of the service provision.

Staff told us they felt supported and listened to by the new manager and senior manegment.

People living and visiting the home told us they could approach the new management team.

The registered provider and management team had made significant improvements in the safety and quality of the home.

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

This unannounced inspection took place on 8 and 9 September 2017. The inspection team consisted of four adult social care inspectors, a pharmacy inspector and an expert by experience.
An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at the information we held about the service including information from the public, staff and the local commissioners of the service. We had also received regular updates on the actions taken by the provider and manager on areas they had completed to make improvements in the safety and quality of the home. We also looked at any statutory notifications the manager had sent us. A statutory notification is information about important events that the provider is required to send to us by law.

During the inspection, we spoke with the provider's regional operations director, the regional manager, 12 staff members, 12 people who used the service and eight relatives. Some people had communication difficulties or dementia and were not able to communicate with us easily. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at medicine administration records (MAR), including topical medications records, for 17 of the 58 people living in the home. We also looked at the whole records of care for 11 people. We looked at the staff files for all staff recruited since our last visit. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole staff team.

We also looked at records of maintenance and repair, the fire safety records and quality monitoring documents.

Requires Improvement

Is the service safe?

Our findings

People we spoke with who lived at Kendal Care Home told us they felt safe living there. One person said, "I feel safe because of the staff around you. I press my buzzer and they [care workers] come straight away." Another person told us, "I feel safe because I am well looked after. There is enough staff which makes me feel safe when they use the hoist to get me out of bed." A visitor we spoke with said, "My relative is safe here, well looked after. The carers and nurses are about all the time."

At the last inspection in January 2017 this domain was rated as inadequate. We found during that inspection there was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because the registered persons had not demonstrated that all that was reasonably practicable had been done to assess, mitigate, and review the risks to the health, welfare and safety of people. Nor had they ensured that appropriate arrangements were in place to ensure the proper and safe management of medicines within the home.

There was also a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because the individual needs of people using the service had not been promptly or consistently met at all times with the numbers of staff on duty.

There was a breach of Regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because the registered persons had not made sure that the procedures and processes within the home were effectively safeguarding people from receiving improper treatment or unlawful restraint.

At this inspection, we found that significant work had taken place to demonstrate compliance with all of these regulations.

On the first day of this inspection, there had been short notice sickness of staff. We saw how management made reasonable adjustments, in the circumstances, to the distribution of staff across the home in order to minimise the impact. Each of the three units had a structured team of staff and a designated unit manager or acting lead. During the inspection, we observed people had their needs met in a timely manner despite the extra pressure placed on some of the staff team. The numbers of staff on duty was determined by the dependency needs of people living in the home. The management collated information about people's levels of needs and used a tool to depict the numbers of staff required on each shift.

We received mixed comments from people who worked or lived at Kendal Care Home and their relatives or visitors about whether there was sufficient staff to meet people's needs. We also noted that people living or visiting on the nursing and residential units were much more positive about their experiences than those on the dementia unit.

One person living at the home when asked about staffing levels said, "There is enough staff. I'm never left waiting." Another person said, "You can ask them [staff] for anything, nothing is too much trouble." However

we were also told, "It's terribly short staffed and it would be nice for them [staff] to just sit and chat with me." A relative we spoke with told us, There's always someone [staff] bobbing in and out, and my relative has got a buzzer." Another relative said, "Could always do with more staff. Its fine Monday to Friday but at weekends could do with a couple of more carers." A member of staff we spoke with said, "I love this job and it's been a difficult time. Staff are doing their best." Another staff member said, "The last couple of weeks have been harder because of the staff numbers but management are looking at it."

From our observations during the inspection, we also noted there were differences of experiences relating to staffing levels on different units. For example, on the nursing unit we observed timely responses to call bells, one that took staff 60 seconds to respond to. However, we also observed on the dementia care unit that, at times, there were no staff present in the communal lounge leaving people unsupervised for a short periods of time.

We discussed our observations and the comments people had made about the differences of experience about staffing on the different units with the regional operations director and the regional manager. They reassured us that they would, along with the manager, review all of the information collated about people's dependency and levels of support required to ensure that the numbers of staff on each shift were sufficient to adequately meet people's needs. They also said they would look at the deployment of staff to ensure that they were utilised in the best way for people living in the home.

We also discussed with the regional operations and regional managers the need for ongoing recruitment of staff. This was in order to ensure that there were sufficient numbers of suitable staff to meet people's needs and promote people's safety should the number of people living in the home increase. At this inspection, we noted there had been a reduction in the use of agency staff. This provided more consistency in the staff teams and to the care being delivered.

Our pharmacist inspector looked at how medicines were handled in the home. At previous inspections, we had found that the home did not document the time when certain medicines were given, such as pain relieving medicines. Previously we had also found issues with refrigerator temperature recording, one medicine out of stock and issues with keeping records of when medicines were given, including topical preparations and thickened drinks. At this inspection, we found that these issues had been resolved.

We checked the medicines on the three floors of the home. We looked at storage, administration records and spoke to people who used the service. We observed staff giving medicines and looked at training and audits (checks) that had been done.

Each floor had a dedicated treatment room used for storage of medicines and we found that medicines were kept safe. A new fridge monitoring chart had been developed since the last inspection and staff recorded the minimum and maximum daily temperatures in line with current guidance. We checked the stocks of controlled drugs (CD's), medicines subject to stricter controls as they could be misused and found records were complete, stock was accurate and in date.

We observed staff giving medicines to people on two floors of the home. Staff gave medicines in a kind and patient manner and maintained dignity at all times. We observed one person swallowed a medicine with water that should have been dissolved in the mouth. The label on the medication was not clear how to give it but clear instructions were on the persons medication chart. This meant the effect of this medicine was delayed and staff recorded this appropriately as an incident.

We looked at medicine administration records (MAR), including topical records, for 17 of the 58 residents in

the home. All residents had photographs to help identify them and any known allergies recorded on their chart. We did not see any 'gaps' in the MAR records and staff had recorded when medicines were offered but refused. An additional administration chart was used to record medicines that are only given when required. Pain relieving medicines need a safe time interval between doses and this was managed by recording the time and the amount given.

We looked at medicines applied to the skin. Records were stored in people's bedrooms and staff had signed when medicine had been applied. Record sheets were individualised, for example, if a cream was prescribed twice a day there were two columns on the chart to be signed. A picture demonstrating where to apply the product and additional individualised information about medicines used 'when required' was evident in people's records. The information helped staff apply medicines properly.

Two people were prescribed a powder to thicken their drinks because they had difficulty swallowing. The powder was stored in a locked cupboard in the kitchen area and there was a tin for each resident, however, only one had a pharmacy dispensing label and neither tins had instructions regarding consistency.

We saw local procedures and national guidance documents kept in treatment rooms. Regular checks of medicines were done on each floor weekly and monthly to ensure they were managed safely. There were 12 staff trained to administer medicines and a further six undergoing training. We saw regular competency updates had been done and staffing was managed to ensure someone was available to give medicines at all times.

We recommend that the service reviews how thickening powder is managed so that people receive the correct consistency as prescribed and how it ensures all staff understand how to administer tablets that are absorbed in the mouth.

Since the last inspection in January 2017 the provider had recruited a number of new staff. We looked at 11 recruitment records and found that one of the checks of suitability, before commencing employment, had not been completed. The check that had been missed was in relation to people's health. This check is required to ensure that people employed are fit for their job role.

We recommend that the service reviews the effectiveness of the systems in place to ensure that all the checks of suitability for fit and proper persons being employed are completed.

Since the last inspection we saw that people's care records had been improved to show any risks associated with their care and treatment were current and accurate. We saw that staff managed the risks related to people's care well including the behaviours of some that might challenge the service. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks.

People who lived at Kendal Care Home seemed relaxed and comfortable in the company of staff.
Staff we spoke with told us about what practical training they had received and some had been revalidated in managing behaviours that challenge the service in order to keep people safe. Since the last inspection the service has worked closely with the local authority safeguarding team and staff had received face to face training from them. Records we looked at showed all incidents and unexplained injuries had been fully investigated by the manager and some had been reported to the appropriate external authorities. Staff were also aware of the whistleblowing policy and to whom they should report any signs of abuse to.

At the last inspection, we found some concerns relating to the prevention and control of infections. During

this inspection, we saw that improvements had been made to keep the environment safe. This included providing people with individual slings for moving and handling and ensuring staff wore the correct protective wear to prevent cross infection. People who lived in the home and their visitors told us the home was always clean. One person said, "They keep my room beautifully clean." The housekeeping, laundry and maintenance staff we spoke with said they all had the time and equipment they needed to ensure the home was maintained, cleaned and kept to a hygienic standard.

Requires Improvement

Is the service effective?

Our findings

We received much more positive comments at this inspection from people we spoke with who lived at Kendal Care Home and their relatives about the food served. We were told that there was always plenty of choice. One person told us, "Meals are very nice we are well fed and watered." Another person told us, "I have meals in my room, meals are very good, yesterday was steak it was very good. We always have a choice." We observed some relatives chose to visit over mealtimes, one visitor told us, "I have lunch at the weekends with my relative." Another relative told us how individual requests, for certain foods, had been provided and that they have observed the chef visit people asking them their likes and dislikes.

We observed that people had regular drinks and snacks throughout the day. Lunchtime was observed to be a relaxed and very sociable event. We saw people received the right level of assistance they needed to eat and to drink and this was provided in a patient and caring way. We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed and recorded. Where necessary people had been referred to their GP or to a dietician.

Information we had received prior to the inspection from visiting health professionals identified that since the last inspection there was now an improved working with health professionals who visited the service.

At the inspection in January 2017 this domain was rated as inadequate. We found during that inspection there was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because the registered provider had not made sure that there were suitably competent, skilled and experienced staff available at all times to meet the needs of the people using the service. Nor had they made sure that staff of all levels had received support, training, professional development, supervision or performance reviews to enable them to carry out their roles and responsibilities.

At this inspection, we found that significant work had taken place to demonstrate compliance with this regulation.

We looked at the staff training records which showed what training had been done since our last inspection this also included some staff revisiting induction training. We saw improved systems used in the recording of information relating to supporting staff through supervision and their training requirements. We saw that a number of training programmes had been provided and completed by staff. Training had included specific topic areas to support staff in the delivery of safe and effective care. The access to training was ongoing and the staff we spoke with confirmed this. However these new systems and recording of information and programmes of training would need more time to be fully embedded into practice and to demonstrate consistency.

One member of staff we spoke with said, "I've had supervision and we get a lot of support from the new manager." Another member of staff told us, "We've done a lot of training recently and I am down to do some

more soon." Another staff member said, "The new manager is great, we get lots of support."

At the last inspection there was also a breach of Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because the registered provider had not ensured care and treatment was provided with the consent of the relevant person and that care and intervention was not always in line with current legislation, nationally recognised guidance and good practice.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). At the last inspection, we found that some people had been restricted of their liberty without the appropriate consents. During this inspection, 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. We saw since the last inspection applications to the authorising body had been reviewed to ensure no one in the home was being restricted of their liberty without the consent to do so in their best interest.

During this inspection, we saw examples of best interest decisions being recorded and consent had been obtained from the relevant people. We saw that people and where relevant their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. People with the appropriate legal authority signed consent to care and treatment in the care records. This meant that people's rights were now being protected.

Good

Is the service caring?

Our findings

We received very positive comments about how the service had improved since the last inspection. People who lived at Kendal Care Home that we spoke with said they were well cared for comments included: "They [staff] are class in every way, simply couldn't do more for you, they are wonderful, excellent, they really are." "They look after us well and that's all that matters" and "Well looked after here. The staff are very good, overall fantastic and very kind to me." Relatives we spoke with told us, "Staff are brilliant, caring and fantastic." Another said that staff were, "Caring undoubtedly, exceptionally caring and go out of their way to be helpful."

During this inspection we observed improved and safer practises and saw that staff had time to care for people in a much more person centred way. Using SOFI we observed the interactions between staff and people living in the home and they demonstrated genuine affection, care and concern. Staff treated people with kindness and were respectful. We observed staff knock on doors before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity.

One relative told us, "In the last couple of months there has been a huge improvement. Our relative is a lot better. They [relative] are much more active, more confident and are happier. We have been involved in their end of life plan and don't worry about them anymore, it's a safer and more caring place and a better home for them now."

We saw that the staff gave people time and encouragement to carry out tasks themselves. We saw that people's care records were written in a positive way and included current information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences.

People and their families had been encouraged to talk with staff about the person's life and this information had been recorded. People who could speak with us told us that they were included in decisions about their lives. Where people were not easily able to make decisions about their lives we saw that people who knew them well had been included in planning their care. This helped staff to know the things that were important to the person, not just about the support they needed.

We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

People had been supported to access external agencies such as advocacy services. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Requires Improvement

Is the service responsive?

Our findings

Since the last inspection we could see how responsive the registered provider and management team had been. We saw significant improvements had been made to ensure the service was now compliant with the previous breaches of regulations that were found in the last inspection. One relative told us, "In the last couple of months there has been a huge improvement. Our relative is a lot better. The lady on the activities has been fantastic for them [people living in the home] provided lots of stimulation, doing gentle persuasion. Generally, staff have more time to coax people to get involved. Our relative is much more active and more confident."

At the last inspection in January 2017 there was a breach of Regulation 9 Person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because the registered provider had not done everything practicable to make sure the people living at Kendal Care Home received personalised care and treatment that met their individual conditions and needs and reflected their personal preferences and accepted best practice.

At this inspection, we found that significant work had taken place to demonstrate compliance with this regulation.

Following the last inspection, one of the actions taken by the provider was to employ a full time activities therapist, in addition to the existing activities team, specifically to support people on the dementia unit. We received very positive feedback about how this had made an impact for the people living in the home.

One person living in the home we spoke with said, "We have a lovely garden, we've been planting seeds for it. There are all kinds of activities, every day we do exercises in the lounge, they call them stretches. In an afternoon we can watch a film or we play games, the minute you ask anything, you get it. We are going out today on trip." Another person said, "There's plenty to do, I get taken to another unit to join in things or an activity person comes into my room to talk and play dominoes. All of them [activity coordinators] are very good, they tell me what's happening, what's going on."

During this inspection we found a significant amount of work had taken place in improving the information in people's care records. We saw that information made available to staff about how to support individuals was much more detailed. We saw that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories.

Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety. Care records showed that care planning was now centred on people's individual views and preferences. We found that care plans had been regularly reviewed to make sure they held up to date information for staff to refer to.

We saw that the home had worked closely with the local Care Home Education and Support Services

(CHESS) team to improve the environment and their strategy for dealing with people living with dementia. This work was ongoing and we discussed with the management team about implementing a formal dementia strategy for the unit.

None of the people we spoke with had made a complaint about their care, but they told us if they had a problem they would speak to a care worker or the manager. We saw that there was a compliant procedure made available to people and how it worked in practice. People living at Kendal Care Home we spoke with said, "Not needed to complain". Another said, "They're nice staff, no complaints, they're great." One relative we spoke with knew that relatives' meetings were held, but had not attended and told us, "It's because I've got no problems to discuss. If I did want to talk about anything, I'd go to the manager."

We saw how the provider and management team had been proactive in ensuring that people living in the home and their relatives had been kept involved and informed about the improvements the service was required to make. A number of relatives had established a committee that made representations to the provider and management team about current problems that may be being experienced by people living in the home. They also suggested where improvements could be made. We saw these communications were visually displayed in the home on a board that identified "We asked" [the relatives committee] and "We did" [the service responses]. This display clearly showed where suggestions or requests that had been made had been acted on by the service, such as improvements to the garden.

Requires Improvement

Is the service well-led?

Our findings

The home had a manager who was in the process of registering with us. People who lived in the home and their relatives we spoke with made very positive comments about the recently appointed manager and felt they could approach them with any problems they had. One relative said, "He's [the manager] visible on the floor, not stuck in his office. Goes around the home and sees what's needed. Another person said, "Always got time for you." We were also told, "We have a good manager now and he's very nice. On his first day came around and introduced himself to everybody." A person living at Kendal Care Home said, "See him [manager] around alot, he passes your room and he puts his hand up to acknowledge you. Everyone's working with him and it's very, very good." Staff also spoke well of the manager and told us, "Quite impressed by him so far, listens to me, starting to make more improvements."

At the last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had not made sure systems were in place and an appropriate governance structure for all aspects of care being provided. Nor did they seek to continuously improve the welfare and safety of the people who lived in the home.

At this inspection we saw that significant changes in the leadership and management of the home had taken place. This included the appointment of a new manager, regional operations support manager, clinical lead, care staff and activities coordinator. Since the last inspection, there had been a continuous level of support provided by the organisations regional operations director. We could see how the provider had been responsive and proactive in improving the systems used in the recording of information about people's needs and the planning of their care.

People who lived at the home and their relatives told us the service had improved. One person said, "Improvement started in the last three months. There have been a lot of managers here, I'm quietly optimistic with this one." Another person told us, "The atmosphere is different here now, relaxed and more fluid, it used to be very tense."

We saw that significant work had been undertaken to improve the systems and process used in overseeing the quality and safety of the service. Audit and checking systems now in place had been effective in picking up areas that still required attention to ensure good governance of the home. We saw this had been effective in reducing risks and poor practice that had been identified in the last inspection.

There were also new systems in place for reporting incidents and accidents in the home that affected the people living there. Where required CQC had been notified of some incidents and accidents and when safeguarding referrals had been made to the local authority. However there were some incidents or accidents that although had been managed appropriately had not been shared with us. The service's regional operations director took immediate action to address this by introducing new written guidance for the staff in the home.

We saw maintenance checks were being done regularly and we could see that any repairs or faults had been

highlighted and acted upon. There was a cleaning schedule and records relating to premises and equipment checks to make sure they were clean and fit for the people living there. All of ancillary staff we spoke with spoke very positively about the changes in the management of the home. One person said, "We have got a good manager, opening trade accounts for us and listens. We have regular meetings and a lot of things have been acted on. If I need anything they'll get it for us. I feel supported and valued, we're all very happy with the new manager and he has the support of senior management."

As well as informal discussions with people and their relative's about the improving quality of the home, we also saw that resident and relatives meetings had taken place. These were used along with a regular newsletter to share news and information about the progress of the home and to address any suggestions made that might improve the quality and safety of the service provision.

We discussed in detail with the management team the level of improvements made in the home and how they would manage the sustainability and consistency of them. This included a systematic approach to when and how new admissions to the home would take place to ensure a safe and good service.