Galaxy Management Solutions Limited

Morning Stars

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We last inspected this service on 06 April 2016. At that time we found that people were not consistently receiving a good or a safe service. We found the provider was not meeting one of the legal regulations, and we required the registered manager and registered provider to take action to address and improve this situation. At this inspection we identified that improvements had occurred throughout the service, however these had not been adequate to ensure that people all received a safe, good quality service, or to achieve compliance with the legal requirements. At our last inspection we identified that the systems in place to ensure the quality and safety of the service (Governance) were not effective. We are currently considering what further action we need to take.

There was a registered manager in place at the time of our inspection. 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.

Each registered service needs to have a system for checking the safety and quality of the service provided. [Governance.] While there were a range of checks and audits in place that had been undertaken by the registered provider, the registered manager and the staff team within the home these had not been entirely effective at identifying shortfalls within the running of the service, or areas where improvements were needed. The checks had not ensured that the improvements we said were needed last time had all been made. Issues that we identified with the cleanliness of the property, with some aspects of people's care records and with medicines for example had not been picked up by these checks. The home remained in breach of one legal regulation. You can see what action we told the provider to take at the end of this report.

While this inspection identified that improvements had been made to people's safety, we found that people were not consistently provided with a safe service. Recruitment practices had improved, and people were now supported by staff that had been subject to robust checks before starting work. Risks in the premises had been removed and people's bedrooms were safer. Our review of medicines management identified some concerns with the way boxed medicines and creams were managed. We could not be confident that these had always been administered as prescribed. Action was taken by the senior staff at the time of our inspection to address this. A wide range of health and safety checks and servicing had been undertaken as required on most of the services and equipment at the home, however the passenger lift had not been serviced and thoroughly examined as is required. We were informed after our inspection that action had been taken to address this.

The formal systems in place to ensure that restrictions to people's liberty were identified, and the required applications made to the supervisory body were good. This was an area that had improved since our last inspection. However when we spoke with members of the staff team their knowledge about the impact of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) on the people they were

supporting was not sufficient to ensure people would be supported consistently or safely. This was brought to the attention of the registered manager and they were able to describe the action they would take to improve upon this situation.

People told us that they enjoyed the food served. There were some innovative practices around encouraging people to eat a healthy diet and to try foods they had not previously experienced. People told us that they had been supported to see a wide range of health professionals to ensure both their physical and mental health needs were met. The records of health appointments had not been completed fully. This made tracking appointments offered and undertaken impossible.

Staff told us that they felt well supported and that training was good. Staff had been provided with a variety of formal courses and in house coaching to increase and improve their knowledge about the needs of the people they were supporting.

For the majority of people the culture of the home was enabling and provided people with opportunities to promote and further develop their independence. People who had a specific interest or hobby received the support and encouragement they required to pursue these. Some people that we met were at an increased risk of emotional and social isolation. The care and support provided to this group of people who were more difficult to motivate and engage with was not always effective.

People were supported to stay in touch with people who were important to them. Visitors were made welcome at the home.

There was a formal system in place to raise concerns. Informal systems including regular household meetings, and individual talk time meetings for people with their key workers were in place. We saw examples of where people's feedback had positively influenced the development of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People could be confident that the medicines administered from blister packs prepared by the chemist were managed well. Medicines administered direct from their boxes and creams were not always given as prescribed.

Improvements had been made to the safety of the premises, however they were not always clean, and the checks needed to ensure the passenger list was safe to use had not been undertaken.

People felt safe. Staff described actions they took to help people stay safe and to manage the risks they faced.

There were adequate numbers of staff on duty. Staff had been subject to robust recruitment checks.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were at risk of not having their rights upheld as staff were not all aware of approved restrictions and the impact they had on people's care. Some parts of the home were monitored by CCTV. Good practice had not been followed to ensure people were consulted and informed about the impact this had on their privacy.

People told us that they were offered the opportunity to see a wide range of health professionals to ensure their physical and mental health needs were met well. Records to show that all appointments and follow ups had been attended were not robust.

People were supported by staff who had been trained and had the skills and knowledge to meet people's needs. Staff felt supported by the management team, registered provider and registered manager.

People were supported to enjoy a nutritious and tasty diet.

Is the service caring?

Requires Improvement

The service was not consistently caring.

The service did not consistently care for people as it was not always safe, effective or well led.

People told us that staff were kind and caring. We saw staff treat people respectfully and in ways that upheld their dignity.

People were supported by staff that they liked, and who they had got to know well over time. Staff were aware of people's needs and preferences.

People's individual needs and wishes in relation to their religion, culture and gender had been considered and included in the support provided.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care was delivered well to the majority of people living at the home, however the needs of some people who were more difficult to motivate and engage with were not well met. This group of people were at risk of social and emotional isolation.

People's strengths and potential were recognised. The majority of people were supported to pursue interests and hobbies particular to them.

There were both formal and informal ways for people to provide feedback about their experience of the service, and to raise complaints and concerns if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Checks and audits to ensure the quality and safety of the service had not all been effective. They had failed to drive forward all of the improvements required and to identify shortfalls we identified at this inspection.

There was a registered manager in post. Feedback about the manager and their role within the home was entirely positive.

Morning Stars

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 checked 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 comprehensive inspection took place on 22 and 23 August 2017 and was unannounced. On the first day the inspection was undertaken by one inspector and an expert by experience, and on the second day by one inspector. An expert by experience is a person with experience of using a service similar to one we are inspecting. As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We reviewed the information from notifications to help us determine the areas we wanted to focus our inspection on. We also looked at the Provider Information Return (PIR) previously submitted by the provider. 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.We also requested feedback from the local authority that purchases this service and Healthwatch. Healthwatch is an independent organisation that champions the needs of people that use health and social care services.

We visited the home and met all nineteen people currently living at the home, we also spent time in communal areas observing how care was delivered. Some people living at the home were unable to speak with us due to their health conditions. To help us to understand the experience of people who could not talk with us, we used our Short Observational Framework for Inspection (SOFI).

During our inspection we looked at parts of five people's care plans. We looked at the systems in place to check medicines were managed and administered safely. We looked at the recruitment records of three staff. We looked at the checks and audits undertaken by the registered manager and registered provider to ensure the service provided was meeting people's needs and the requirements of the law. We received feedback from two health professionals that support people living at the home, and relatives. We spoke with six members of staff and the deputy manager, administrator, the registered manager and the registered provider. The registered manager produced some records and information after the inspection.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we rated this key question as Requires Improvement. At that inspection we identified concerns with the recruitment of staff and way people were protected from risks relating to the premises. At this inspection we found this situation had improved. Attention had been paid to the environment and action had been taken to reduce or remove hazards such as unguarded radiators. Recruitment practice had improved, and we were satisfied that the checks undertaken on new staff protected people as they were robust. We have rated this key question as requires improvement at this inspection as issues were identified with the management of medicines.

Some of the medicines were administered from their boxes. Our checks showed that the number of tablets did not tally with the records available. This led us to believe that these tablets were not always administered as frequently as required or in the correct dose. We did not find evidence that this had caused people harm or any adverse symptoms. The system that should have been in place to reduce the chance of this occurring had not been commenced when the new cycle of medicines started. Staff had not picked up on this. We brought this to the attention of the registered manager and senior staff with responsibility for medicines management. They explained to us the action they would take to improve this situation. Staff responsible for administering medicines had been trained and had a practical test to ensure they were competent to undertake this activity safely.

People we spoke with told us that they felt safe. Comments from people included, "I feel safe. I am happy here. In many ways the home is excellent." Some people at the home could experience unsettled behaviour and we asked people how they felt when this happened. One person told us, "Yes, even then I feel safe. Things do happen but I have never felt concerned for my safety." The staff we spoke with told us that they felt confident that people were safe. One member of staff we spoke with told us, "There are care plans and risk assessments in place. Incidents are reported and looked at closely." Another member of staff explained that the support they offered people included help to identify risks and to help the person identify ways that they could protect themselves and improve their own safety. Throughout our inspection the atmosphere within the home was relaxed and calm. People all had a key to their bedroom, which was a way of ensuring people's possessions, were safe.

The people we met required the support of staff to manage and administer their medicines safely. The majority of medicines came in blister packs that were prepared by the chemist. Our checks of these were all consistent with the records available which led us believe these were being administered well, and as prescribed. People told us that they were happy with their medicines management and one person we spoke with told us, "I go to the window to get them when I'm ready. I always get the right ones." [For safety medicines were administered from a dedicated room, through a hatch.] Another person told us, "Staff ensure I get my medication on time and I do not have to wait for it."

At the last inspection we identified that action was needed to make improvements to some aspects of the environment. This action had been completed. At this inspection we found that the environment was more comfortable, however we identified places where further cleaning and attention was required. Records

showed that with the exception of the passenger lift the health safety checks of services and emergency equipment such as the fire alarm had all been undertaken as required. Following our inspection we received documentation showing the lift had now been inspected and serviced as required.

Some people's healthcare needs and lifestyle choices meant they were at an increased risk of experiencing harm or injury. We looked at how each person was kept safe. People had care plans and risk assessments that detailed the risks they faced and the action staff must take to help keep the person safe and reduce the likelihood of the risk causing the person harm. Incidents that had occurred with people had all been documented and reviews of these had taken place to help reduce the likelihood of a repeat incident happening again. Staff shared this knowledge to ensure people's support matched their current needs. One member of staff told us, "At every handover we update each other about people, including issues relating to people's safety and wellbeing." This was a way of reducing the risk of harm to people, and ensuring people's care was based on evidence about their current needs.

We explored with staff the action they would take in event of an emergency. Staff we spoke with demonstrated a good range of knowledge that would enable them to respond quickly in the event of a person choking for example. Staff had been provided with walkie talkies which were a way of enabling them to summon help urgently if required when moving around the home.

During our inspection adequate numbers of staff were on duty to ensure that people's needs were met at the time each person preferred. One person we spoke with told us, "I do not have to wait for staff when I ask for support they come to me straight away." The number of staff on duty was adequate to help people meet their care needs, and when required for people to be supported at appointments in the community. At the last inspection we asked the provider to take action to make improvements to the recruitment of staff, and this action had been completed. Robust checks had been made before offering new staff a position within the home. This helped reduce some of the risks associated with recruiting staff to work in Adult Social Care.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we rated this key question as Requires Improvement. This was because the systems in place to monitor and re-apply for applications to deprive people of their liberty were not robust. At this inspection we found that these systems had improved. However the staff we spoke with were unclear of about which of the people they were supporting had a deprivation of liberty safeguard (DoLS) in place, and what the impact of this would be on the people they were supporting. CCTV was being used in the home without the necessary safeguards to inform and protect people. We have assessed this key question to be requires improvement for a third time, although the shortfall has changed since our last inspection.

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 we spoke with confirmed that the care and support they received was consistent with these principles. One person told us, "It is okay here. There are no strict rules. There are no cigarettes in bedrooms, we are not allowed to bring alcohol into the home and we are encouraged to take our medicines, but to be honest I understand why all of these are in place." Staff told us that there were no set times for getting up or going to bed. There were main meal times however we saw that people wishing to eat outside of these times were supported to do so. We saw people being offered choices. At meal times for example the cook asked if people would like a large or small plate, and if people would like one or two items of food. When required people had been provided with information about local and national elections. People we spoke with told us they had been supported to vote if they wished to do this. This was a way of supporting people to exercise their rights.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Systems were in place to ensure that applications would be made to the supervisory body, and to ensure these were applied for again before they expired.
However staff we spoke with were not confident about the impact the restrictions had on people's care or day to lives. Our inspection identified that some practices such as checking on people regularly at night were being undertaken without a clear rationale. We identified that this was a significant infringement on a person's privacy. We discussed less intrusive ways of monitoring people at night and identified that for some people this check may have become part of the home's routine and was not based on risk. In our discussions the registered manager was receptive to consider new ways of supporting people that might be less intrusive.

CCTV was in use in two lounges, the reception and the office. We did not find that the action needed to inform people of the use of CCTV within their home had been taken. The impact of the CCTV had not been assessed. People we spoke with were not aware they were being filmed although no one we spoke with was unhappy with this. Comments from people included, "I am happy that my home has CCTV this keeps me

safe", and "I was not aware of having CCTV in my home nobody has told me, I am okay with this it keeps me safe." Although the registered manager was aware of guidance produced by the Commission this had not been followed. At the point of providing feedback we were informed that the two cameras in the lounges would be disabled and removed.

People's experience of the food and drinks provided was positive. People told us, "The food is very good" and "We have some really good cooks here. The food is very good you know." When people wished and it was safe for people to do so there was the opportunity for people to plan, prepare and cook their own meals. We saw this was important to some people in their journey towards greater independence and being ready to move on from the home. The staff and management team had considered ways to promote healthy eating within the home and had initiated a "porridge club" where people were able to have porridge with a selection of different toppings several times each week. There had been themed food nights, and food tasting sessions to encourage people to try different foods, including fruits and vegetables that people had not previously tasted.

People had been supported to maintain good health, and to access both the primary health care and specialist mental healthcare relevant to them. One person we spoke with told us, "I visit my GP regularly and have my heart checked and bloods taken, My GP also reviews my medication. If I am having a bad day or feeling unwell I will tell staff and they will support me to make an appointment with my GP." Another person told us, "I have recently had a dental appointment just for my teeth to be checked I have also visited my GP to have my regular blood checks and the chiropodist visits my home every three months to cut my nails." Changes in people's healthcare needs had been noted and support and advice had been sought from the relevant professionals when required. One person we spoke with told us, "I go out to the optician as I wear glasses. If I feel unwell they will call the Doctor." The records made of each person's health appointments and any follow up due was difficult to track. Although we found no evidence of unmet needs, the system in place was not clear, and did not help people or staff plan for routine appointments or ensure follow up was undertaken as needed. One of the health professionals we spoke with told us, "I have seen the service steadily improve in recent years."

The registered manager had organised a number of events to mark national 'Mental Health Week' which was a positive way of increasing the awareness of both staff and people using the service about mental health. The registered manager had also obtained a number of tooth brushes, toothpaste and novelty items that had been designed to help people brush their teeth and improve their oral hygiene. We found that there were some innovative ways of helping people promote and maintain their health.

Staff confirmed they had received an induction that equipped them to support people. The organisation had ensured that the Care Certificate was available for any new staff starters that required it. This had not yet been required as the staff recruited had qualifications that exceeded this. The Care Certificate is a nationally approved set of induction standards that ensure staff have the knowledge they need to provide good, safe care. People were assisted by staff that had received training and who felt supported in their role. One person we spoke with told us, "Staff are well trained here they go on regular training and they know when I am feeling unwell or having a bad day, for example, staff recognise my facial expression when I am having a bad day." One member of staff we spoke with told us, "One of the many improvements has been the training." Another member of staff told us, "I feel like the training provided has helped me understand people's conditions and behaviours." A visiting health professional we spoke with told us, "All the staff, but especially the manager are really on the ball." Staff also told us they felt supported in their role. The staff we spoke with told us about the support provided by the directors, manager and their peers. One member of staff told us, "We have formal supervisions but the support is more than that. It's informal, we can talk about anything."

Requires Improvement

Is the service caring?

Our findings

At our last inspection we rated this key question as good. We found that while individual staff were kind and caring, the providers systems and processes did not always mean people were appropriately cared for. Therefore we have now rated this key area as requires improvement.

Throughout our visit we saw people were supported by staff that they had got to know well. With the exception of one incident the staff we spoke with and observed all worked in ways upheld people's dignity and demonstrated kindness and compassion. During the one incident we witnessed when this wasn't the case we saw that the member of staff was task orientated, and they missed the opportunity to promote the person's dignity. We spoke about this with the registered manager who described the action they would take and gave us assurance this was an isolated incident.

People we spoke with told us that staff were kind and their comments included, "Staff are really friendly and kind," and "All the staff are nice, friendly and supportive. They will help me with anything if I ask them." The staff we spoke with spoke with warmth and enthusiasm about people and told us, "Getting to know the people living here and supporting them is the best part of the job." Another staff member told us, "I really enjoy being around the people that live here." A further member of staff told us, "If I had a loved one that needed care or I needed care myself I would be happy to use this home."

The people we spoke with, the staff and the manager shared numerous examples of times when staff had advocated for people, when their needs or rights may have been neglected by others. This included helping people to access healthcare for example, when the primary health staff were reluctant or hesitant to agree to work with people to ensure their health needs were met. The registered manager confirmed they had links and could support or direct people to formal advocacy services if people needed this help.

The registered manager had worked creatively to promote and increase the awareness of both the people living at the home and the staff about dignity. In one room of the home people had worked together to develop a 'Dignity Tree' which was a creative record of the discussion and ideas people had about dignity. This had been developed further into the home values that under pinned the care and support being delivered. In February 2017 the home had focussed on dignity and included this as a topic in the regular meeting held for people that live at the home. People told us staff helped them their mail if they needed this and people described this support being provided sensitively and in a way that promoted their privacy and dignity. One person told us, "Staff bring me my mail. If required staff will support me to read it in a private room and make sure that I understand what my mail is about."

Staff we spoke with were aware of the individual wishes of each person, including how they wished to express their culture, religion and gender. One person we spoke with told us, "The first day I arrived at my home I sat with the staff and went through my care plans. I told the staff that I was a Muslim and do not eat pork. Staff are good to me and always meet my needs." Another person told us, "Staff encourage me to pray in my bedroom five times a day. Every year I contribute to my local Mosque this is during the Ramadan season". People had been offered the opportunity and supported to attend places of worship and to follow

dietary requirements relating to their faith and culture.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we rated this key question as good. We found that in most areas this had been maintained however we found that the opportunities for people at risk of social isolation were fewer than for other people living at the home. We rated this key question as requires improvement.

We found that the ethos of the service was to see people as individuals. There were examples of how staff had supported people to establish their needs, preferences and wishes. One member of staff we spoke with told us that each person had a key worker. They went on to tell us, "Each person has a key worker. They spend time talking together, seeing how we can make them feel more comfortable, anything they need for their room. It's a social able conversation. Much better than a formal meeting." Staff had then used this information to try and help people start or maintain their interests or to receive their care in ways that reflected their needs and preferences. Staff supported this by telling us, "Everyone is individual and unique. We try and consider people's equality and diversity, their human rights, if they want to go to church, what food they like and the language they speak." People we spoke with confirmed they had played an active role in the development and review of their plans and their comments included, "I have been involved in my care plans and signed them all off to say that I am happy with them and what care needs I need support with." Another person told us, "I have sat with the staff and gone through my care plans this is also reviewed regularly and I am involved."

The registered manager had implemented a system of care planning that promoted recovery and increased independence for people. This included looking at how people might be supported to develop the skills necessary to move to less supported accommodation in the future, or to gain greater independence in their own life if this wasn't possible. One of the health professionals we spoke with told us, "There are many examples of positive outcomes for people that do or who have lived here. There is a good structure, good progression and recovery planning." The registered manager had used a tool produced by the Social Care Institute for Excellence(SCIE) to help measure and determine how person centred the service was. The outcome of this was very good.

We found that people's experience of activities and the opportunity for people to maintain hobbies and interests important to them varied for people within the home. Some of the people we spoke with had a strong interest such as music or following a football team that they had enjoyed all their life. People had been supported to maintain and develop these hobbies, and where possible to develop them further. We saw that people had been supported to obtain furnishings for their bedroom that related to their hobby or interest. When people wished art work or poetry for example that people had created was displayed around the home. One person told us, "Staff are good to me if I want to go out to the shop they will support me straight away. I am very carefree living here staff are always there for me and I have my own bedroom here." The people with strong interest and hobbies that we spoke with told us they were happy with the opportunities available and their comments included, "I'm encouraged to be as independent as possible. I do laundry with the staff, cook with staff support, change my bed and do all of my own personal care." Another person told us, "I'm not bored. There are always things I could do, but usually I chose not to. I'm happy with what I do, and like to have time to think." We identified that the people who were at the greatest

risk of becoming socially or emotionally isolated did not always have the support they needed to help them engage. During our inspection we met people that spent large periods of each day in their bedroom alone, and the opportunities for them to spend time with others or to undertake activities other than those related to their basic personal care were much more limited. This group of people found it difficult or were reluctant to engage with people and activities due to their mental health needs. We did not find that everything possible was being done to help this group of people within the home.

There was a process in place for people to raise formal complaints. No complaints had been received in the past 12 months. We asked people how they had opportunity to participate in the development of the service, and to find out about changes. There was a lot of information on display within the home that would help inform people of their rights, and give them contacts for people that could support them in the event of them being unhappy with the service. People informed us that there were sometimes meetings for people to attend, or individual talk times with staff. One person we spoke with told us, "I do go to our residents meeting and I take my issues to this and staff will listen and act on them, they take them seriously depending on what it is." People told us they felt able to raise concerns and one person told us, "I would feel happy making a complaint or raising any concerns and go to any of the staff here in my home." Another person told us, "If I have any concerns about my care here I will raise this with the staff." Records we viewed showed that people's feedback had influenced change and development of the service.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we rated this question as requires improvement. This was because the audits and checks in place had not all been effective. They had not been used to ensure the safety and quality of the service. We identified that the legal requirements relating to governance had not been met. This inspection identified that improvements had been made. However the home was still not meeting the requirements of the law. There were further improvements to be made and we have rated this key question as requires improvement again.

The registered manager and the registered provider had developed and implemented a wide range of audits and checks since our last inspection. Some of these had worked well, and we found the specific issues we identified previously with the premises had been addressed, that robust recruitment checks had been made and that systems to ensure new application for DoLS were made when required. However the checks had not all been entirely effective. Some parts of the home that we saw were dirty and further attention needed to be paid to cleaning. We saw some spills of food and drinks that had not been cleaned, bedrooms where curtains needed attention to ensure they were properly hung and fully covered the window, and a toilet with a strong offensive smell of urine. Some of the bedroom furniture required replacing or repair. The experience of a group of people who were at increased risk of social isolation had not been identified. The checks in place had failed to identify or address this. On the second day of our inspection we saw that action had been taken promptly in response to our feedback about this. We were given assurances that further checks would be introduced to prevent this occurring again.

We found that some health and safety checks, including the thorough inspection of the passenger lift had not been undertaken as required. While we have received confirmation since our inspection that this has been completed, the checks in place had failed to identify this. We found that the use of CCTV cameras within the home had not been implemented using good practice guidelines. While action was taken to address this when brought to the attention of the registered manager the audits and checks had not ensured this was identified and acted upon. A range of other issues including the oversight of medicines, and some tracking of care appointments identified that checks and audits were not fully effective, and that staff were not always working in a way that questioned and challenged what they saw, and the practice of others. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post. 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. The registered manager belonged to a professional forum that ensured she had access to relevant training, learning and development. This was a way had of keeping her skills up to date and sharing and benefitting from good practice suggestions. People and staff we spoke with told us the manager was well respected and capable. Comments from staff included, "She [the manager] gets on really well with people. She has the experience and relevant qualifications to support people. Her opinion seems to carry weight with the other health professionals and

that has achieved some good outcomes for the people here." Another member of staff told us, "The manager has a lot of head knowledge, but most importantly she can transfer this into practice." People living at the home told us, "I can talk to the manager she is very easy going and understanding. We have a general meeting here in my home. This is once a month where I can take any problems or issues to discuss staff will sit and listen give us feedback afterwards we can also talk about what we would like to plan such has holidays and day trips"

Registered providers are required to prominently display their most recent inspection rating within the home and on their website. This was on display. This demonstrated an awareness of this requirement, and a commitment to openness and transparency.

People we spoke with and staff we spoke with that work at the home felt they had a voice in the development of the home. One member of staff told us, "After the last inspection we read the report and looked together at what we could change and improve." Another member of staff told us, "We have staff meetings every 6-8 weeks. It is an open forum, a two way street for discussion. The manager makes sure of this." People had been given the opportunity to complete questionnaires that were analysed and compiled into an Annual Quality report. This showed positive feedback in relation to many areas including people feeling safe and being treated with dignity."

The registered manager had worked with people living at Morning Stars and the staff team to develop a set of values. Staff told us that this was a good place to work and their comments included, "I'm proud to say I work here. I like the manager, my co-workers and residents. I know we are not perfect but we have working steadily to improve." Another member of staff told us, "This is a nice place to work. It is friendly. There is a family feel to the service." The registered manager had introduced an award that recognised good work and occasions when staff had gone one step beyond what could be reasonably expected of them in their role.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The monitoring and auditing of the service to ensure the quality and safety of it had not all been effective. There had been a continued failure to drive forward all of the improvements, and mitigate risk as necessary.