

Runwood Homes Limited

Cherry Tree Lodge

Inspection report

Gleave Road
Warwick
Warwickshire
CV31 2JS

Tel: 01926425072

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cherry Tree Lodge provides accommodation and personal care for up to 72 people, some who are living with dementia and some who are very frail and have physical support needs. The service consists of four separate units over two floors. There were 46 people living in the home on the day of our inspection visit.

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

The provider had appointed a new management team since our last inspection visit who had worked hard to make changes and drive forward improvements. A service improvement plan (SIP) was under constant review and further improvements were planned to take place. However, the improvements needed to be embedded into the culture of the home and after a period of managerial changes, staff needed to be confident in the stability of the new management team.

The management of risk in the home had improved because staff had a better understanding of how to complete risk assessment tools. Overall, plans were in place to inform staff how to manage identified risks. However, some health risks had not been planned for and records did not always reflect reduction measures were being effectively followed.

There were enough staff on duty to meet people's needs. Whilst concerns were shared about a recent reduction in staff numbers, managers were confident staffing levels were safe because people's risks and healthcare needs had been effectively assessed. Staff had received training and support, so they were more confident in their abilities to provide safe and effective care. Staff understood their responsibilities to protect people from abuse or discrimination.

Relationships with other healthcare professionals who had contact with the service had improved, which helped support people's health and wellbeing. People received their medicines as prescribed and mealtime experiences had improved to encourage people to eat and drink well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had acted to improve staff morale and to give staff time to be caring and compassionate towards those in their care. Work was underway to ensure people had opportunities to engage in activities and occupation that was meaningful to them and prevent people becoming socially isolated. People were supported by staff to maintain their personal lifestyle choices.

People, staff, relatives and visiting healthcare professionals spoke of a more open management team who were responsive to any issues or concerns. The manager understood their regulatory responsibilities and had informed us of significant events at the service since taking on the management role.

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

Rating at last inspection

The last rating for this service was inadequate (published 21 March 2019).

This service has been in Special Measures since February 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cherry Tree Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a specialist nurse advisor 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.

Service and service type

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

The service had a manager who had applied to be registered with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection took place on 20 August 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and three relatives/visitors about their experience of the care provided. 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 spoke with the manager, deputy manager, regional operations director, the wellbeing and dementia service manager, a care team leader, two care assistants, the chef, a member of domestic staff and the home administrator. We also spoke with three visiting healthcare professionals and a volunteer at the home.

We reviewed a range of records which included five people's care records. We reviewed 23 people's medicine records. We also reviewed a variety of records relating to the overall management at the service including risk assessments and quality assurance records.

After the inspection

We continued to validate evidence found during the inspection visit. We contacted two members of night care staff to seek their views on the care provided at the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe Care and Treatment). At this inspection whilst improvements had been made, further improvements were still required and the provider was still in breach of regulation 12

- The management of risk associated with people's care had improved. Staff had a better understanding of how to complete risk assessment tools to correctly identify the level of risks connected with people's health and wellbeing. A healthcare professional confirmed risk scores were now more reflective of people's frailties and vulnerabilities.
- Overall, where risks had been identified, risk management plans were in place and were accessible to staff.
- However, one person had a diagnosis of epilepsy. There was no risk management plan for this or a seizure rescue plan.
- Another person had a mental health diagnosis. There was no care plan describing what symptoms they may experience or any indicators of a mental health relapse. This person was also prescribed a medication that had the potential for severe side effects. The symptoms for the side effects were not identified within the person's medication care plan.
- Improvements were still required in the records staff completed to evidence risk reduction measures were being effectively followed. Records did not always demonstrate people received pressure relief in accordance with their care plans. Fluid charts did not evidence that people at risk of dehydration were being offered and/or were drinking enough to maintain their health.
- At our last inspection we found staff practice did not always minimise risks to people. At this inspection staff spoke more confidently about risk management and the actions they took to keep people safe.
- Accidents and incidents were monitored and analysed to identify patterns and trends. However, the analysis was not always clear as to where an accident or incident had occurred.
- To improve the management of skin care in the home, the manager had introduced regular body maps for those people most at risk. Body maps were audited to ensure action had been taken to reduce the chance of reoccurrence and it had been referred to the appropriate healthcare professional.
- However, where bruising had been noted, it was not always clear what action had been taken to identify the cause. The manager assured us this information would be in people's daily records but recognised the gap in their oversight and analysis.
- Staff told us learning from accidents and incidents was shared with them. One staff member explained, "After incidents happen we look at what happened. We look at reasons why people fall and update their risk

assessment. If we are really worried we implement hourly safety checks."

- Environmental risks were well managed. The provider's quality assurance audits ensured health and safety systems were checked regularly and equipment was serviced in accordance with specified timescales.

Staffing and recruitment

At our last inspection there were insufficient staff with the skills, experience and knowledge of people's individual needs to provide safe care. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Staffing)

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18 but further improvements are still required.

- At our last inspection the dependency tool to identify staffing levels was inadequate because the analysis of people's dependency levels was incorrect.
- During this visit we saw enough staff on duty to meet people's needs. The manager was confident staffing levels were now safe because they were correctly assessing people's risks and healthcare needs.
- However, healthcare professionals raised concerns about a recent reduction in staffing levels. This was because there were a lot of new care staff who did not have an extensive knowledge of people's individual needs, or the relevant experience to provide care without support of other staff. They gave an example of an occasion when no staff could be located to support a healthcare visit to people with significant health problems.
- We shared these concerns with the provider's regional operations manager. They told us concerns with staffing levels had not been raised with them, but they would look at the deployment of staff to ensure people received safe and effective care.
- Due to the high level of vacant bedrooms, we were not able to determine at this inspection whether staffing levels would remain effective when the home was full.
- A new member of staff confirmed the provider continued to follow safe recruitment practices. They told us, "I got the job and then had to wait for my DBS clearance and my references to come back before I could start work."

Using medicines safely

- People received their medicines as prescribed and records had been completed correctly to show medicines were ordered, received, stored, administered and disposed of safely. Improvements had been made in the recording of when topical creams had been applied.
- Staff administering medicines had received training in safe medicines management and their competency to administer medicines had been assessed.
- Guidelines informed staff when 'as required' medicines needed to be given and arrangements were in place for giving time specific medicines as prescribed.
- Some medicines such as pain relief were given through a patch applied directly to the skin. Records were maintained of the application of removal of the patches, but there were no daily checks recorded to ensure they remained in place.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training. Learning from recent safeguarding incidents had been discussed with staff to ensure they understood their responsibilities to keep people safe.
- Staff told us they would report any concerns if they suspected abuse.
- The management team understood their legal responsibilities to protect people and share important information with the local authority and CQC.

Preventing and controlling infection

- The provider's infection prevention and control measures were effective.
- The home was clean and smelt fresh. People's clothes and laundry were well organised and managed effectively, to minimise the risks of infection.
- Staff understood their responsibilities in maintaining good hygiene standards. They wore personal protective equipment, such as gloves and aprons, when necessary which protected people from the risks of infection.
- Improvements were needed in the management of the disposal of hazardous waste. The manager took immediate action to ensure the service remained compliant with the management of hazardous waste regulations.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection we found improvements had been made and rating for this key question is now good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found staff did not always work effectively with other healthcare professionals and referrals were not always made in a timely way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe Care and Treatment).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Care staff had a better understanding of the risks associated with people's care and monitoring of people's health conditions had improved. This meant staff were more alert to changes that might affect people's support needs or indicate a referral to another healthcare professional was required. One healthcare professional confirmed, "They do seem to be a little more proactive in spotting things. They have had some new care team leaders and they actively seek us out if there is something they are concerned about."
- Relationships with other healthcare professionals who had contact with the service had improved which helped support people's health and wellbeing. One healthcare professional said, "Purely from my perspective, when I am asking for things to be done now, staff are more responsive. They are more interested in what we are doing now and what they can assist us with." A member of staff told us, "We have better relationships with the district nurses so lots of sore skin has healed. Improving communication has resulted in better care."
- Staff felt they could provide more effective care because communication within the home about people's health and general wellbeing had improved. Comments included: "Communication is better. At handover we discuss the residents and share information so we can meet their needs properly" and, "If there are any changes to people's care, its updated on the computer and straight away the information is on the hand-held device."
- The new manager had established processes to monitor people's health to ensure appropriate action had been taken in a timely way.

Staff support: induction, training, skills and experience

At our last inspection we found staff did not always have the skills and competencies to carry out their roles effectively. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff had received more training and support since our last inspection visit so they were more confident in their abilities to provide safe and effective care. One staff member told us, "Training is good here, there is a lot of investment in our training. Some training is face to face such as, dementia. That was really good as we had to wear gloves to pick up pennies; it was really frustrating so I know how it feels for people."
- Improvements had been made to ensure senior staff had the training to effectively carry out their duties and extra responsibilities. One senior member of staff explained, "[Manager] has shown me how to make safeguarding referrals and how to submit CQC notifications in the absence of managers. I am always learning now."
- Staff had more opportunities to meet with the manager to discuss their work and identify any developmental needs. One staff member told us, "I have regular supervision now. I sit down with [manager] and we talk things through. She is really honest, so if there are any areas I need to improve she tells me. I like her honesty and feel my supervision is a really positive two-way experience."
- New staff had an induction to the home which included training and working alongside experienced staff. One new member of staff explained how the induction gave them confidence in their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Although nobody had moved to the home since our last inspection, there was a pre-assessment process so the provider could be assured they could meet the needs of people new to the service
- Information gathered from these assessments were used to develop individual care plans in line with current best practice guidelines.

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

- At our last inspection we found information about people's dietary needs was not always shared effectively with staff in the kitchen. Improvements had been made and the manager ensured all staff had a weekly update to ensure people's dietary preferences were met and respected by staff. For example, where people required a modified or specialised diet or had any allergies.
- Action had been taken to improve people's mealtime experience. People were offered a visual choice of food and staff sat with people to eat their own meals, which made it more of a social experience. New menus were being devised to take into account people's likes, dislikes and preferences.
- New hydration stations had been set up in communal areas with signs encouraging people to drink more. However, there were occasions when staff missed opportunities to encourage people to eat extra calories, such as during the morning tea round. The manager assured us they would address this with staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so 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 some decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the

service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the management team and staff were working within the Act. Staff offered people choice and respected the decisions they made. A member of staff told us they had received training in the MCA and explained, "I learnt that everyone has the right to make unwise decisions and we have to presume people have capacity until it's assessed that they don't."
- Where people had restrictions placed on their care, appropriate DoLS applications were made to the local authority.

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

- The premises were purpose built to support people's physical and emotional needs and corridors were wide enough to use equipment safely. There were large communal areas to offer people a choice of where to spend their day.
- The home provided people with a secure and safe outside garden area.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved and is rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At our last inspection the main interactions with people was focussed on when staff offered support or completed a care task. At this inspection we found staff had more time to spend with people, enjoying their company.
- The provider had introduced a 'tools down at 11' scheme to the home. The provider's wellbeing and dementia manager explained, "At 11.00am every member of staff stops what they are doing to interact with people. Today I saw the maintenance man reading a book with someone and a domestic member of staff having a sing song."
- During our visit we saw staff sitting and chatting to people about things that were of interest to them and people clearly benefited from this positive engagement. One person told us, "I was in the Royal Air Force. Staff talk to me about it which makes me remember. I tell them stories and they like to listen to me. They talk to me about my family and my favourite films. They got me a Royal Air Force badge. That was kind of them."
- Staff were more observant of people. One staff member noticed a person looked chilly and offered to fetch a cardigan for them.
- People were supported by staff to maintain their personal lifestyle choices. This was based on staff understanding what was important to the person, their life history, their background and their preferences for how they presented themselves.
- Any diverse needs were recorded in care plans and staff were aware of those needs.
- During this visit we found the provider was more caring towards the staff group. They had provided staff with more support through increased staffing, training and guidance.
- An increase in staff morale had improved the care provided to people and given staff more time to be caring and compassionate towards those in their care. One staff member explained, "I have received lots of great support from [manager and deputy manager]. My confidence has improved, and I am really happy. I used to be in tears and couldn't sleep at night because I felt under so much pressure. I felt I had let everyone down. Now, I look forward to coming to work."

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

- People were able to spend time where they wished and encouraged to make choices about their day to day lives. One person asked for the television to be turned on. The staff member handed the person the remote control, so they could change the channel if they wanted to.
- Staff understood the importance of respecting people's choices and checked with people before providing support. For example, we heard staff asking people before supporting them with personal care needs.

Respecting and promoting people's privacy, dignity and independence

- The provider understood the importance of promoting dignity and respect in care. A dignity board in the entrance to the home reminded people, staff and visitors that 'dignity is for everyone, every day.'
- Staff had recorded how they were going to promote people's dignity in their day to day practice. One person told us their dignity was promoted because staff did not rush them when providing care. They explained, "Staff are always polite and they never rush me. The other day I wanted a shower to freshen up. Straight away they helped me. They gave me some nice shower gel and they helped me to get dry."
- People were supported to maintain their independence and staff only assisted them if they wanted assistance. For example, at lunch time a person was struggling to eat. A staff member said, "Would you like help with your meal? I can put some on your fork and then you can reach it easily. How does that sound?"

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant that whilst some improvements had been made, these needed to become embedded in the practice of the home to ensure people's needs were always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people received care that met their physical, emotional or social needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Person centred care).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9 but further improvements were still required.

- At our last inspection there was little evidence of person-centred activities which related to interests that had been important to people in the past or that were important to them now. The provider had started to make improvements and had introduced a 'well-being' strategy into the home.
- The aim of the strategy was to ensure people had opportunities to engage in activities and occupation that was meaningful to them. The provider's wellbeing manager explained, "An activity survey is being completed to gain an overview of people's choices. Moving forward we will make sure people's choices are incorporated in to what we can offer. We will also observe activities to see if people are enjoying them. If they don't prove popular we won't offer them again."
- Previously we found staff had little information about people's lives. Improvements were planned in the information staff had about people's backgrounds, so they could understand people's interests and motivations and have meaningful conversations with them.
- Work was also underway under the 'forget me not' scheme to develop opportunities for social engagement for those people who were cared for in bed or who chose to stay in their bedrooms. The wellbeing manager told us, "Forget me not is a way of reducing social isolation. We want to see four visits per day by anybody to people in their rooms."
- Whilst these initiatives had a positive impact on people's wellbeing, further work was needed to ensure they became a part of the everyday practice of staff.
- At our last inspection we could not be assured the care people received was reflective of their individual needs and frailties. This was still an area that required improvement as, records did not always reflect that people had received the care detailed in their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's preferred method of communication and how staff should engage with people to ensure they provided responsive care.
- The provider had developed communication cards which contained tips to help staff in communicating effectively with people. These included, 'Speak slowly and clearly' and 'Use short sentences'. Menus had been amended to include pictures and large print so it was clearer to people what food was on offer.

End of life care and support

- At our last inspection we found that whilst the appropriate healthcare professionals were involved in people's end of life care, there was limited information in people's care plans about how they may wish to spend their final days. This was an area that still needed to be improved.
- People's care plans included the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. This plan provides clinicians with information about whether attempts at resuscitation should be undertaken for the person.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. The complaints policy gave people information about the correct agencies to contact should their complaint not be satisfied internally.
- People and their relatives told us they felt comfortable to raise a complaint if they needed to. One person told us, "I know [deputy manager], he's really nice, I know he will sort anything out for me, he's the sort of person you can confide in." A relative confirmed, "I am confident to raise any problems with the staff here and I am sure that any concerns will be addressed."
- Where the provider had received formal complaints, these had been investigated and responded to in line with the provider's complaints policy.
- Learning from complaints was shared with staff so they could improve outcomes for people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant that whilst some improvements had been made, the service management and leadership needed to ensure improvements were maintained to support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to have robust and effective quality assurance systems. A lack of effective management and monitoring put people at risk of poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good Governance).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17 but further improvements were still required.

- Improvements had been made to the management of the service. The provider's management team consisted of an experienced home manager and a new deputy manager. The home manager had been in post since March 2019 and their application to register with us was under consideration.
- In the six months since our last inspection, the new management team had worked hard to make changes and drive forward improvements.
- Staff had received further training and oversight of their practice to ensure they had the knowledge, skills and support to carry out their responsibilities effectively. Staff confirmed they understood their responsibilities and felt more confident and motivated in their roles. One staff member told us, "It is so much better because of the management support we have now. Before, we felt abandoned and we hadn't been given training or support to do our jobs properly. We had been set up to fail."
- However, further improvements were still required. For example, systems to check the daily records made by staff to ensure people received the care and treatment they needed were still not effective. Plans to ensure the privacy of bedroom windows that overlooked public places still needed to be reviewed.
- Whilst managers and staff were confident improvements had been made at the service, those improvements had been implemented at a time when there were less people living in the home than usual. There was also a significant number of new and less experienced staff.
- The improvements needed to be embedded into the culture of the home under the new manager and with the new staff team to ensure they would be sustained, particularly when new people started to move to the home. One staff member told us, "We need to give the changes we have made time to embed and then we need to prove we can sustain it. That is the only way we can show you the home is better, and people get good care."

- After a period of management changes, staff also needed confidence in the stability of the management team. One staff member explained, "I really hope this manager stays. A lot of us feel anxious she might leave. Everything will topple, and we will be back to square one because standards will slip. We really need a strong leader to drive the improvements."
- The provider and manager understood their responsibility to be open and honest when things had gone wrong. One member of staff explained the open and transparent approach following our last inspection. They said, "If a family member or anybody else asked (about the inspection), the managers would straightaway ask if they wanted a copy of the CQC report and explain how they were working to move the home forward."
- The manager understood their regulatory responsibility and had informed us about significant events that happened at the service.
- The provider had met the legal requirements to display the latest CQC rating in the home and on their website.

Continuous learning and improving care; Working in partnership with others

- A service improvement plan (SIP) was under constant review and further improvements were planned to take place.
- One of the major issues at our last inspection was that the provider had not ensured staff had the necessary information and equipment to manage risk and carry out their role effectively. The provider had acted to ensure electronic care records were up to date and all staff could access those records through their handheld devices.
- Improvements had been made in the provider's quality assurance systems. The provider completed monthly compliance assessment visits to ensure the service was meeting the essential standards of quality and safety. The last visit had taken place in July 2019 when the provider recognised standards had improved, but further improvements were required to ensure positive outcomes for people were consistently achieved.
- The management team had worked hard to improve their working relationships with other organisations and healthcare professionals. One healthcare professional told us, "There have definitely been improvements and they (managers) are maintaining some of those improvements. The general feeling from our team is they have made a difference and are trying to make things better." Another said, "They have greatly improved, there is still some work to be done, but they are going in the right direction. There seems to be a bit more of an open-door policy with regard to the management now."
- The registered manager worked in partnership with other managers within the provider group to improve quality standards.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt the management of the service had improved. One relative said, "I've seen a big difference since the last inspection and the mood has improved. People are moving around the home more and doing more things, generally I think the care has improved." A regular visitor to the home told us, "[Registered manager] has been a godsend. She's approachable, I think people feel safer with her in charge. I hope she's here for the long term." They added, "I don't hear people shouting out for care so much now, and the carers seem happier in their jobs."
- All staff confirmed improvements had been made since our last inspection which made them feel supported. One staff member told us, "It has got so much better since you were here last time. Things have started to settle down and I am confident we have moved forward."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff attended regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with their managers. One staff member told us, "We have learned lots of lessons. After your last inspection we had a lot of big meetings. The managers explained where we had gone wrong and they asked us all how as a team we could improve."
- Previously staff supervision meetings had not been happening as regularly as planned, but this had been addressed.
- The provider offered opportunities to people and their relatives to give feedback. Some people were on the 'Resident's Council' which provided them with a forum to share their suggestions for the improvement of the service.
- A staff member explained, "We have residents' meetings and families are welcome to come along. In the last few months we have had barbeques to try and build relationships back up. It has been difficult to build the trust back up, but people are telling me they are gaining confidence because they are seeing improvements."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practicable to mitigate risks by adopting control measures to make sure risks were as low as reasonably possible.</p>