

Bondcare Willington Limited

Birch Tree Manor

Inspection report

Wharf Street
Port Sunlight
Wirral
Merseyside
CH62 5HE

Tel: 01516440777

Website: www.bondcare.co.uk/birch-tree-manor/

Date of inspection visit:
16 December 2019

Date of publication:
04 February 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Birch Tree Manor is a care home providing personal and nursing care for up to 62 older people. The service is purpose built and the accommodation is in three units over two floors. Each of the units support people living with different conditions such as dementia and nursing needs. At the time of the inspection there were 53 people living at the service.

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

At the last inspection, we found that Birch Tree Manor was not providing safe care for people and was poorly led and managed.

At this inspection, although we found significant improvements had been made, the service required further time to embed safe and effective practices and to demonstrate consistency of those practices.

People's consent and capacity were not always being managed in the most appropriate way. This meant that people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always supported this practice.

People's end of life wishes was not recorded in sufficient detail in their care plans. We have made a recommendation about the recording of people's wishes for the future.

Staff had received additional training in safeguarding and were knowledgeable about how to recognise and report on any abusive practices. This helped keep people safe from harm.

Safer recruitment practices were in place for staff. The service ensured that any potential employees were safe to work with vulnerable people.

We observed positive and warm interactions between staff and people living at the service. It was clear that staff knew the needs of the people they supported well.

The service employed a full time activities co-ordinator who facilitated and delivered meaningful activities to people. People were encouraged and supported to be a part of both their local and wider community.

Medicines were managed in a safe way. Infection prevention control practices were practised by staff and the service appeared clean and well maintained.

Appropriate governance systems were in place which helped to monitor the safety and quality of care being provided.

Risks to people were assessed to help keep people safe from personal and environmental risks.

Since the last inspection, a new registered manager had been appointed. People, relatives and staff spoke positively about the registered manager.

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

Rating at last inspection (and update)

The last rating for this service was Inadequate (published September 2019) and there were multiple breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found that although significant improvements had been made, the provider remained in breach of regulation, as a longer period was required to demonstrate continuity of good practice.

This service has been in Special Measures since September 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

The inspection was prompted in part by notification of a specific incident. Following which a person using the service allegedly sustained abuse. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about both the management of safeguarding incidents and recruitment processes.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe section of this full report.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birch Tree Manor on our website at www.cqc.org.uk.

Enforcement

At this inspection, the provider remained in breach of regulation in relation to how people's capacity and consent were being managed.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Birch Tree Manor

Detailed findings

Background to this inspection

The 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.

Inspection team

This inspection took place on 16 December 2019 and was unannounced. The team consisted of three inspectors.

Service and service type

Birch Tree Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We sought feedback about the service from the local authority and other professionals involved with the service.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people living at the service, three relatives and three care staff. We also spoke with the registered manager, a registered nurse, activities co-ordinator, an operations manager and a representative for the provider. We looked at records in relation to people who used the service including seven care plans and multiple medication records. We looked at records relating to recruitment, training and systems for monitoring the quality of the service provided. We also observed the delivery of care and support throughout the day. 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data for staff.

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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found that the provider's policies and procedures to keep people safe from harm had not always been effectively implemented. We also found that staff were not always reporting and recording incidents, such as bruising to people, and that some staff restrained people when delivering personal care.

This 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.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- Since the last inspection, staff had received refresher training in safeguarding. Staff we spoke with understood how to safeguard people from abuse and how to report any safeguarding concerns.
- People and their relatives told us they felt the care provided by staff was safe, "I really do feel safe here it's a big thing" and "I certainly do feel safe living here." A relative told us, "Safe, absolutely, it's very safe here, we can go home and know [Person] is safe and sound here."
- The registered manager sent us appropriate statutory notifications to inform us of any events that placed people at risk.
- Staff had received training in managing behaviours that challenge, meaning that alternative and more effective techniques were used as opposed to restraint.
- The registered manager had implemented unannounced spot checks at night. This increased a managerial presence during 'out of hours' and helped to keep people safe. One person told us, "If I need some help in the night the staff are there for me."

Staffing and recruitment

At our last inspection we found that staff were not always effectively deployed to meet the needs of the people in the home. This meant that people were not getting their needs met in a timely manner.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had made significant changes to recruitment procedures to ensure the recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.
- Since the last inspection, the service had recruited nine new members of staff with plans to recruit ten more. Although agency staff was used to cover absences, the service used the same agency staff and had introduced an induction process for those staff. This helped to ensure that people were cared for by staff who were familiar with their routines and needs.
- We observed there were sufficient numbers of staff to meet people's needs. The deployment of staff, such as increased numbers of staff during meal times, meant that people's needs were met in a timely way.

Using medicines safely

At our last inspection we found that medicines were not always managed and administered safely. This meant that people were at risk of not receiving their medicines as prescribed, and in line with best practice guidance.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was guidance for staff on how to safely administer medicines prescribed to people. This included covert medicines (disguised in food or drink) and medicines to be given 'as required' (PRN). Where people were prescribed medicines for agitation, there was guidance for staff to follow to help calm them down, meaning that medication was used as a last resort. This was good practice.
- People told us they got the right medicines at the right time. "Staff support me with taking my medication, it's very good" and "Staff help me with my medication and make sure I get it."
- Important information such as people's allergies were recorded on their medication administration records (MAR) charts.
- The management of medicines was safe. Staff had completed their medicines training competency assessments.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider and registered manager had failed to ensure risks to people were adequately assessed, reviewed and managed. Assessments had not been completed effectively and did not detail actions which could minimise risk. This meant people were at risk of avoidable harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had appropriate risk assessments in place. Care records contained guidance for staff on how to manage and mitigate any identified risks to people. Appropriate risk assessment tools were in place and reference was made to best practice guidance.
- We also saw guidance for staff on how best to support people when displaying anxiety or a behaviour that challenged. The guidance was person centred and detailed the most effective way of helping to calm the person down in times of distress.
- Checks to monitor the safety and quality of the environment had been completed.
- Checks to the fire safety systems were conducted weekly and the registered manager had introduced mock

fire evacuations so that staff were familiar with what action to take in the event of an emergency.

- Staff used personal protective equipment as required to minimise the spread of infection, such as aprons and gloves.

Preventing and controlling infection

At our last inspection we found that systems were not in place or robust enough to demonstrate effective control.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Infection control measures were in place and staff had received training in infection prevention.
- Staff had access to protective personal equipment (PPE). We saw staff utilise PPE throughout the day, such as at meal times and when delivering personal care.
- The home appeared clean and well maintained. The registered manager told us there were plans to refurbish flooring to people's bedrooms and bathrooms.

Learning lessons when things go wrong

At our last inspection the provider did not have an effective system to monitor trends arising from accidents and incidents and use this information for learning, to help improve the quality of the service.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Systems were in place to monitor any incidents or accidents. The registered manager had introduced a new system meaning that the recording of information was more effective for identifying and monitoring any trends to prevent any future risk and reoccurrence. This in turn helped to improve the safety of the service.

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 this key question has remained as requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider failed to ensure people's consent was effectively sought and capacity was not being assessed in accordance with the Mental Capacity Act 2005.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider remained in breach of regulation 11.

- Mental capacity assessments had not always been completed for people when needed and there was no evidence best interest's decision meetings had taken place for some people who had been assessed as not having capacity. Where best interest decisions had been made, there was no evidence of relevant others such as family members and health care professionals having been involved.
- There wasn't always evidence of how people had been communicated with when making best interest decisions or assessing people's capacity.
- Consent from people had not been appropriately sought, in line with MCA (2005). It was not always clear who had provided consent to some people's care records and whether they had any legal authority to do so.
- However, our observations showed that staff ensured people were involved in decisions about their care and support. Staff told us they always asked and explained to people before giving care and support. One person told us, "Staff always ask first before doing something."

We found no evidence that people had been harmed however, there was a failure to assess people's capacity effectively. This was a continuing breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 the systems for assessing people's needs and treatment was not robust. This meant the effectiveness of people's care and treatment did not always achieve good outcomes.

This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People's needs were assessed before admission to the service. Care plans had been developed from these assessments.
- The service worked with other health and social care professionals to help ensure people's healthcare needs were met. We saw evidence that appropriate referrals had been made.
- Advice from external health care professionals, such as dietitians, had been incorporated within people's care records, meaning people were receiving care and support.
- People's care records were reviewed monthly to ensure they contained the most current information and guidance for staff to follow.
- For people who were not able to verbalise pain, staff used pain assessment tools in line with best practice guidance.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff were appropriately skilled, trained and competent to carry out their roles. This meant that not all staff had the knowledge and skills required to support people safely.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff had the necessary knowledge, skills and experience to perform their roles and care for people effectively. Although there were some gaps in staff training records, this had been identified by the registered manager and both training and refresher training had been booked for every member of staff. This included more specialist training such as dementia awareness courses. This helped to ensure that staff were able to meet the individual needs of the people they supported more effectively.
- Staff received support through supervision and appraisal and told us they felt fully supported in their role.
- New staff completed an induction when they started working at the service. This included the completion of 'shadow shifts'. Staff told us they felt the induction process prepared them adequately for employment at the service.

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

At our last inspection the provider failed to manage people's nutritional needs safely.

This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Information regarding people's nutrition and hydration needs was recorded in their care records. There was guidance for staff on how to support people with their dietary requirements, for example, people who required a fortified diet.
- We found that professional advice provided by dieticians were incorporated in people's care plans.
- People were weighed monthly to make sure they were not gaining or losing weight inappropriately.
- We received positive feedback about the food from people. People told us, "Yes, I enjoy the food here and if there is something I don't like on the menu I can have something else," "I enjoy the food here, I can get a drink from staff whenever I want it" and "We always have a cup of tea and cake in the afternoon."
- We joined people for lunch. Tables were set nicely with condiments and a variety of beverages available. The food presented was appetising and nutritious. There were sufficient numbers of staff available to meet people's needs. Where people required support with eating and drinking, this was offered by staff in a dignified and considerate manner.

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

- The environment appeared clean and well maintained.
- The home had been designed and decorated in a sensitive and considerate way to meet the specific needs of people living with dementia. Pictorial signage was used which helped improved orientation. Furnishings with colour contrast edging helped people with spatial awareness. This helped to ensure people's independence and dignity were promoted.
- There were plans to refurbish and replace flooring in the communal areas and bathrooms. Plans were also in place to redecorate people's bedrooms in line with their preferences.

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 to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Records regarding people's care and treatment were stored securely. However, we observed old records and paperwork which were accessible and were in cardboard boxes in one of the dining rooms. We spoke with the registered manager about this who explained the records required archiving. They were moved to a secure place on the day of our inspection.
- People, relatives and our observations told us that people's dignity was respected. Staff were able to describe how they protected people's dignity and privacy when providing personal support. One person told us, "Staff are always polite." A relative told us, "Staff always treat [Person] with dignity and respect."
- Staff supported people to remain independent by offering them choices at every opportunity such as asking people what clothes they wanted to put on that day.

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

- The service observed people's diverse needs and respected people's equality. People were supported with their faith. Representatives of different denominations regularly visited the home. We saw how the service catered for married couples enabling them to continue to live their lives together.
 - We observed positive interactions between people and staff throughout the day. Staff were kind and caring. They addressed people by name and explained before any care and support was carried out. People told us, "There are very nice staff. They look after us all well and are very good with us, staff know what they are doing," "Staff are respectful and good," "Staff are kind and always want to help" and "Staff are kind, we always have a laugh and joke together." Comments from relatives included, "I can't fault the care here, [Person] is happy and settled" and "Staff are excellent, they know what [Person] needs and take care of them well."
 - People and their relatives told us staff knew people's needs and treated them with kindness. People's care records contained information detailing their background, past occupations, family members, favourite memories and preferences. This helped staff get to know people and care for them in a person-centred way. One person told us, "Staff know me well. They personalise my routine." A relative told us, "Staff here are brilliant, they are friendly and caring, we can speak to them about anything and they really listen". One member of staff told us how people were treated like family members, "We treat people as individuals and equals, we care for them as if they were one of our own."
 - Relatives told us communication between them and the home was good. One relative told us, "Following [Person's] fall, staff told me right away, did the right thing and made sure [Person] was OK."
- Supporting people to express their views and be involved in making decisions about their care
- People's feedback was sought via resident meetings. We saw evidence that action was taken based on this

feedback.

- Feedback was also sought from relatives, one told us, "We get six monthly questionnaires to give feedback."
- A service user guide was available to people. This provided information about the service and what people could expect.

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 requires improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; End of life care and support

At our last inspection we found people's care plans did not provide enough detail to enable effective care to people. This meant that care and treatment of people did not always meet their needs and reflect their preferences.

This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- Since the last inspection people's care plans had been re-written and updated. This was an ongoing process. Care plans reflected people's current needs. Advice from external health care professionals, such as dieticians and district nurses, were incorporated into people's care plans.
- Care plans contained enough person-centred information such as people's preferences, to help ensure people received support in line with their wishes and preferences. People told us, "I choose when I get up and go to bed, I feel comfortable here" and "Staff know me very well." We saw evidence that people's relatives were involved in their loved one's care plan, relatives told us, "Staff understand [Person] and their needs, I have been involved with setting up the care plan" and "We have been involved in the care plan and reviews, staff listen and involve us."
- A full-time activity co-ordinator was employed at the service. They helped to facilitate and deliver activities which were meaningful to people. The activity co-ordinator took the time to get to know people's backgrounds and current interests so that people engaged in activities they genuinely wanted to do. The service had its own mini bus and people were supported to access the local community. People were encouraged to maintain any previous links they had with the community. On the day of our inspection, local school children visited to sing Christmas Carols. This was clearly enjoyed by both the people and children alike.
- At the last inspection we found that people's end of life wishes were not recorded in their care plans. At this inspection, we found only very basic information around this.

We recommend the provider considers people's end of life wishes and takes action to update people's care records accordingly.

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.

- Staff understood how people communicated and used appropriate methods when communicating.
- Important information such as the complaints policy was provided in alternative formats making it easier for people to understand.
- Not everyone who was supported by the service could communicate verbally. Staff communicated in non-verbal ways, such as by using body language and with pictures and symbols.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. People and their relatives told us they knew how to raise a complaint and felt confident any concerns would be acted upon. People told us, "If I wasn't happy about anything I would tell any of the staff or the manager" and "I can complain if needed, I would speak to the manager, I know it would get sorted." A relative commented, "If there are any issues with [Person's] care, it gets raised and resolved."
- The registered manager told us they used any complaints received as opportunities to make improvements to the service.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements high-quality care and support

At our last inspection we found the provider failed to assess, monitor and mitigate risks to people and others. Accurate, up to date records were not kept for each person using the service. This meant that, due to poor governance, people were put at risk of harm.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Since the last inspection, the registered manager had introduced more robust governance systems to identify any risks and unsafe practices. This made it easier to identify risk to people. Where risk of harm had been identified, measures were put in place to manage and mitigate the risk.
- Checks to ensure the safety of the environment were regularly analysed by the registered manager. Where issues were identified, measures were put in place action those concerns.
- Audits had identified issues with documentation and record keeping. As a result, people's care records had been re-written, and staff provided with guidance on how to maintain people's records more effectively.

At our last inspection we found the registered manager had failed to demonstrate skills and competency to manage the service effectively and safely for people. This meant that people were at risk of harm.

This was a breach of Regulation 7 (Requirements relating to registered managers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 7.

- Since our last inspection, the service had a new registered manager in post. In the short time they had been in post, they had identified key areas for improvement and had started to make significant changes to address those areas. The manager was passionate about getting care right for people. We received positive feedback about the manager from people, their relatives and staff. Staff told us there had been a noticeable change for the better in the home since the manager's arrival, and that staff morale had been boosted.

Relatives told us, "The new manager is very receptive, has monthly meetings and there is very good engagement" and "The new manager is personable and open, there has been an improvement in the atmosphere and there are better quality staff."

Continuous learning and improving care

At our last inspection we found the provider had failed to ensure issues highlighted in previous inspections were addressed.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider responded to our findings at the last inspection in a positive way. An action plan had been introduced to address both our concerns and issues identified by the provider. At this inspection, we checked on the progress of the action plan. We found the action to be thorough, the provider had prioritised the more serious concerns and had already completed or made positive progress towards completion of those actions. For example, significant changes had been made to the way in which any incidents which may constitute a safeguarding concern were recognised and reported on by staff. The recruitment process had been redeveloped to help ensure that only staff fit to work with vulnerable people were employed.
- Improvements had been made to the oversight of accidents and incidents making it easier to identify any trends and themes. Measures were then put in place to help prevent reoccurrence and further drive improvement to help deliver more effective and safer care.
- Records showed staff had received regular supervision. Staff also told us they felt they could speak to the manager any time and they felt supported in their roles.
- Whilst it was evident that improvements had been made, further time was required to demonstrate the effectiveness of those improvements and consistency of improved practices.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service. Our review of those notifications demonstrated that the registered manager had notified CQC of incidents appropriately and understood their responsibilities to be open and honest when things had gone wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was passionate about providing high quality and individualised care for people. Staff told us there was a renewed culture in the home on the importance of treating people with the utmost respect and respecting their individuality.
- Regular staff meetings took place. The registered manager used meetings as a form of communicating any recent changes and best practice. Staff told us they found the meetings useful and they helped then keep up to date. For example, recent meetings had emphasized the importance of staff to refresh their knowledge about reportable incidents for the purposes of safeguarding people from harm.
- Meetings were also held for both people and their relatives as a way of obtaining feedback. For anyone who was unable to attend, minutes of the meetings were made available.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams and health and social care professionals. This helped to ensure better outcomes for people.
- People's care records showed that appropriate referrals had been made to external agencies when necessary.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider failed to ensure people's consent was effectively sought and capacity was not always being assessed in accordance with the Mental Capacity Act 2005.</p>