

White Horse Care Ltd

# WhiteHorse Care - Brownhills

## Inspection report

59 Whitehorse Road  
Brownhills  
Walsall  
WS8 7PE

Tel: 01543361478

Date of inspection visit:  
14 February 2023

Date of publication:  
04 April 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Whitehorse is a residential care home providing personal care for up to 8 people. The service provides support to people with learning disabilities and autistic people.

Whitehorse is a residential detached bungalow with some adaptations. At the time of our inspection there was 6 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

The provider was working within the principles and values of Right support, right care, right culture.

#### Right Support:

Whitehorse is a small, ordinary home forming part of a local community. The property does not appear to be a care home and mirrors the other properties on the road.

People's needs were assessed, risks were identified, and steps taken to keep them safe. People were safeguarded from abuse and staff were knowledgeable about how to support people safely. People's medicines were safely managed. People's care records had been improved, further improvements were needed so they captured how people were supported to try new things.

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.

#### Right Care:

People were supported by caring and kind staff. Staff had received appropriate training, knew people well and supported people in line with their preferences. Staff worked in partnership with other agencies to promote people's health and wellbeing.

#### Right Culture:

Improvements had been made at the service. The registered manager promoted a positive culture and led by example. There was a relaxed, friendly welcoming atmosphere. People were treated with dignity and respect. Improvements had been made to the environment and further work was planned so the environment remained safe for people.

Most relatives told us there had been improvements at the service, and they had confidence in the leadership of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service was inadequate (published August 2022). There were 3 breaches of the regulations in relation to safe care, staffing and good governance, the service was placed in special measures. We imposed positive conditions, and the provider was required to send us a monthly report to show what they would do, and by when, to improve.

At this inspection we found significant improvements had been made and the service is no longer in breach of the regulations. The rating has improved to requires improvement, and the service is no longer in special measures.

#### Why we inspected

We undertook this inspection to monitor progress on the breaches of regulations.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitehorse care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection program. 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was 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?

Requires Improvement ●

The service was not always 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.

# WhiteHorse Care - Brownhills

## **Detailed findings**

### Background to this 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 Health and Social Care Act 2008.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Whitehorse is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before inspection

We reviewed the information we had received about the service since our last inspection. We sought

feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We met with all 6 people who used the service. We spoke with 7 relatives and 4 health and social care professionals. We spoke with 5 members of staff including the regional manager, registered manager and care staff. We reviewed a range of records, including 2 people's care records. We looked at 2 staff files in relation to recruitment and staff support, and a range of records relating to how the service operated and was managed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider failed to have systems in place to ensure safety was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 safe care and treatment.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found staff were not trained to support people who showed signs of distress. A high number of incidents had taken place and measures were not in place to analyse these, and prevent them from re-occurring.
- At this inspection staff had received training, and knew how to support people and how to prevent incidents escalating. There had been a significant reduction in incidents because staff knew people's needs better. There was a system in place to record, report and analyse incidents, so learning took place to mitigate further occurrence.
- Relatives told us improvements had been made at the service. A relative told us, " [Person's name] is well cared for. I am happy with their care and feel they are safe." Another relative told us the home was very hectic before and things were now calm and settled and they had no concerns about their family members care.
- Staff told us some people would be able to tell them if they were not happy about something, and they would act on this. Staff told us for some other people they would notice a change in their routine and this would alert them to a concern. All staff we spoke with, told us about the improvements at the service and they had no concerns about people's care.
- The registered manager showed good oversight of safeguarding processes and knew how to raise concerns with the local authority, and CQC.

Assessing risk, safety monitoring and management

- At our last inspection, care plans and risk assessments were not always in place to guide staff and help monitor people's assessed risks.
- At this inspection we found improvements had been made. Care plans and risk assessments were in place to guide staff and help monitor people's assessed risks. This included how to support people with risks associated with eating and drinking safely and epilepsy. Clear guidance was in place for staff to follow.
- People had support plans in place which detailed what could trigger distress and how best to support the person. For example, staff were able to tell us about the things that were important to a person. They told us by knowing and understanding this, they had been able to prevent the person becoming distressed. We saw

staff following the person's care plan and guidelines during our inspection.

- People were protected from risks in their environment and regular health and safety checks took place.
- People had personal emergency evacuation plans in place (PEEP's) detailing how they would be supported safely in the event of a fire.

#### Staffing and recruitment

- At our last inspection we found there had been a high turnover of management and staff, and this had impacted negatively on people.
- At this inspection we found improvements had been made. There was a stable staff team in place. People were relaxed and happy when engaging with staff members. Staff had a good knowledge of the people they supported and were able to tell us about people's individual needs.
- Staffing levels were maintained at the assessed level to support people safely, and there were sufficient staff on shift. We saw on some occasions there was a variation in the staffing levels (some weekends). The registered manager told us staffing levels were kept under review, and minimum levels were always maintained. Where possible they increased the staffing level to improve flexibility.
- The provider carried out checks on new staff before they were employed to work in the home. New staff had full employment histories, satisfactory references and recent criminal records checks including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- At our last inspection we found medicines were not stored safely, medicine administration records (MARS) were not always completed accurately, and staff competency to administer medicines safely had not been assessed.
- At this inspection we found significant improvements had been made to medicine management. A room dedicated to medicine management had been developed and a new system for medicine management had been implemented. Medicines were stored in secure storage in a locked room. This prevented unauthorised access to medicines.
- People received their medicines on time and in a safe way. Records were maintained to document the safe administration of medicines.
- Staff received medication training, and checks of their competency to administer medicines safely, had been completed.
- Protocols were in place for people's 'as and when required' (PRN) medicines so they were given safely and when required.
- The registered manager was aware of stopping over medication of people with a learning disability (STOMP) and arrangements were in place so people's medicines were reviewed on a regular basis. To ensure any prescribed medicines, remained effective.

#### Preventing and controlling infection

- At our last inspection we were not assured people were supported safely to prevent the risk of infection.
- At this inspection improvements had been made. Staff had received training on preventing and controlling infection. Risks assessments were in place for the use of Personal Protective Equipment (PPE). A system for clean and dirty clothing was established in the laundry.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. A shower room had a build up of mould. However, this had been identified by the provider and plans were underway to explore improving the ventilation in this area, as a preventive measure.



- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions for people to have visitors to the home and relatives were visiting at the time of our inspection.

#### Learning lessons when things go wrong

- The registered manager demonstrated an open and transparent approach to learning lessons. Systems had been implemented to review accidents and incidents, to reduce risks to people.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider failed to ensure staff were suitably qualified, competent and experienced to enable them to meet the needs of the people using the service at all times. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Staffing.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 staffing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- At our last inspection staff were either new, agency or had not received any training from the provider. This meant people were not being supported by staff who knew them well.
- At this inspection we found improvements had been made. A stable and consistent staff team was in place. It is especially important for people with a learning disability or autistic people to have continuity of staff to enable them to build trusting relationships.
- Staff had received training, so they had the relevant skills and knowledge to support people safely. Staff had also received training specific to the needs of the people they support and this had been effective. Training had included the following, learning disability, autism, dysphagia, epilepsy and mental health. A staff member told us, "The training is very good and ongoing, we have training online but also face to face, I am very happy with the training I have received."
- There was a system in place to observe staff practice so the provider was assured they were competent. This ensured staff had the relevant skills or experience to support people safely.
- There had been no admissions to the service since our last inspection. People's care plans were detailed and provided information to guide staff on how to support people with their care, and included their physical and mental health needs.
- A relative told us staff consulted with them about their family member's care. They told us, "The staff let me know about any changes in [person's name] needs. They [staff] really understand their needs, they know [person's name] and understand what they are communicating."

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

- At our last inspection we found food items were not always stored safely and some concerns had been raised about the variety and amount of food available to people.
- At this inspection we found food items were stored and labelled to ensure food was safe to eat. We saw a variety of food items including fresh produce was available and ample amounts of food were available.

Menus were planned with people, so they had food they liked to eat. One person told us, "The food is nice."

- People were supported to eat and drink. Where people had a specialised diet, staff were aware of this. For example, some people were on a soft diet, and guidelines were in place for staff to follow and we saw staff following the guidelines. The provider had consulted with speech and language therapy (SALT) where appropriate.

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

- The building was an adapted bungalow which had been extended to provide people with their own bedrooms. There was one communal area which contained the lounge and dining area, and a separate kitchen. At our last inspection we observed this area to be noisy and busy. At this inspection we found the communal area to be calm and relaxing. We did however, discuss the combined communal area with the management team. The current arrangements meant there was limited private or quiet space for people, other than their bedrooms. The operations manager told us they did trial a spare bedroom as a quiet room for people, but this was not really used. The operations manager and registered manager advised they would continue to monitor this.
- Improvements had been made to the decoration of the building since our last inspection. This included refurbishment of the kitchen and redecoration of areas throughout the home, work was ongoing and people were involved in this process.
- The garden was maintained, and was safe for people to use. Some relatives told us it would be good if more was made of the garden, so it was a nicer place for people to enjoy during the warmer months. We shared this feedback with the provider. The provider told us some improvements had been made including installing a new shed and improving the layout of the garden. They told us there were plans in place in the warmer months to look at making the garden a more sensory experience for people, with sensory plants and other features. They told us people would be involved in this process.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare in the community and advice was sought from health professionals in order to provide people with the support they needed.
- Relatives told us they were kept well informed of any changes in their family members health. A relative told us, " Staff are very good at keeping me informed and let me know if there are any changes." Another relative told us they were kept fully informed of any changes in their relatives health, and their relative had recently gained weight, which was a positive thing for this person.
- A healthcare professional told us the staff team were receptive to their input and the staff were caring and kind.

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.

- The provider was working within the principles of the MCA. Where a person was being deprived of their liberty the appropriate authorisations were in place, or applications had been made and the provider was waiting on authorisation.
- There were mental capacity assessments in peoples' care plans and evidence of best interest decisions in order to support people where they lacked capacity to make certain decisions.
- Where power of attorney was in place, the provider had commenced the process of requesting the relevant documents were seen and verified.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 we found due to the high turnover of both management and staff, people's wellbeing had been negatively impacted.
- We observed staff throughout our inspection frequently sit and chat with people relaxing in the communal areas. Staff spoke with people in a very respectful and positive manner and at a pace that suited their needs..
- Staff told us how the improvements at the home had impacted positively on people. A staff member told us, " We can really see the improvement in people. [Person's name] wasn't sleeping well and would be awake during the night, they are so settled now and have a really good sleep pattern. I think this is because they feel settled and relaxed."
- The majority of relatives we spoke with told they were happy with their family members care. A relative told us, " I am really happy with everything. Things have really improved. I just turn up at the home and everything is good. The staff really understand [person's name] needs." One relative told us they were not happy with their relative's care and this information was shared with the registered manager.
- Staff knew people's needs well. People's care records included details of life histories, wishes and preferences, spiritual and cultural needs and wishes. This provided staff with the information they needed to ensure they supported people with a personalised care approach.

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

- Meetings took place to gain the views of people using the service and "I said, we did" had been implemented to evidence where people had expressed their views or ideas, and the management team had taken action. For example, changes to the menu had been made.
- People, and those important to them, took part in making decisions and planning of their care. People where possible had been involved with updating their care plan. A relative told us, " I am involved in [person's name] care, I am invited to meetings about their care and told about changes in their care needs."
- People were given a choice about how they were supported with their care including what time they got up, and how they spent their time and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- We observed staff treating people with dignity and respect. One staff member told us, " I always explain what I am doing and respect the person's privacy. I would keep the door shut and make sure the curtains are closed and the person is comfortable."
- People were encouraged to maintain their independence where possible. Staff told us they people were

encouraged to help with day to day tasks in the home, some people helped with food preparation and cleaning tasks.

# Is the service responsive?

## Our findings

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

At our last inspection this key question was rated requires improvement. At this inspection the rating remains the same. This meant people's needs were not always met.

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; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection we received feedback that people wanted to do more community based activities.
- At this inspection we found some improvements had been made to the range of activities and opportunities for people, but further improvements were needed. A relative told us lots of improvement's have been made, including more activities taking place in the home, but people needed more opportunities to go out in the local community. A social care professional told us people needed to engage in more community based activities especially at the weekend and evenings. The registered manager told us there was ongoing work to improve opportunities for people at home and in the community. For example, staff were exploring with one person how their interest in football could be expanded, so they could explore and try new activities in relation to this.
- People's care plans had been improved since our last inspection, and included detailed information, particularly in relation to how personal care needs should be met. However, care plans did not capture how people were supported to achieve their personal goals and aspirations. They also did not always capture how people were supported to develop their everyday skills, although staff could give us examples about this. Ensuring this information was documented within the care records would ensure people received the personalised support, encouragement and motivation to reach their goals and aspirations.
- During our inspection people enjoyed home based activities of their choosing including arts and craft, listening to music, beauty sessions, and foot spa. One person enjoyed a walk out to the local shops, some people were at a day centre and one person was out for the day with a family member.
- People were supported to maintain relationships and staff recognised the importance of these relationships. Relatives we spoke with told us they had regular contact with the service. One relative told us they visited every week, another relative told us their family member came to stay with them on a regular basis.

### 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.

- The registered manager was aware of the Accessible Information Standard and people had communication passports in their care plans. This contained information on their preferred method of communication.

- Staff understood people's communication needs and we saw staff interacting effectively with people and interpreting the needs and wishes of people who had limited communication.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy which detailed how to make a formal complaint. Relatives knew who to complain to if they had any concerns. There had been no complaints since our last inspection.
- The majority of relatives spoke highly of the registered manager and staff team. They told us they had regular contact from the staff at the home and were kept fully informed about their family member's care. A relative told us, "The manager is very approachable, and anything brought to their attention is dealt with." However, 1 relative told us they did not experience good communication from the home. Their concerns were passed onto the registered manager.

#### End of life care and support

- There was no-one receiving end of life care during the inspection.
- People were asked to share their wishes for the future and where this has been provided it was recorded in their care plans.



# 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 inadequate. At this inspection the key question has improved to requires improvement. This meant whilst improvements had been made to the leadership and management of the service, further work was required, so improvements were fully embedded into practice.

At our last inspection the provider's systems and processes had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection the providers quality monitoring systems were not effective. At this inspection we found improvements had been made. The registered manager had implemented a number of audits and checks. Where issues were identified, action plans were in place to address the issues identified, most actions had been addressed, and some were in progress. We identified some additional areas where improvement was needed.
- The provider had assessed their fire safety measures and identified some areas required attention. They provided an updated action plan following our site visit, with dates and timescales. Most actions had been completed, but some were still in progress. For example, some doors required replacement and had to be custom made and this work was in progress, the providers action plan had been updated to reflect this.
- The provider had identified through their own audits that a shower room had a build up of mould. The provider had established the cause to be poor ventilation, and were in the process of planning work, to correct this issue.
- Care records had been improved and contained detailed information about people's care and support needs. However, some further work to the records were needed, so they included the personalised support people were receiving, to reach their goals, aspirations and how they were supported to develop their everyday skills.
- At our last inspection people told us they wanted to take part in a wider range of activities. We saw, and people and relatives told us Improvements had been made. Further work was taking place so people were supported on an individual basis, to do things they wanted to do.
- Following our last inspection, the provider was required to send us monthly updates on improvements they had made at the service. We received this information on time, and we were able to substantiate their findings during this inspection. We saw improvements in systems to ensure medicines were safely stored and managed, and improvements to how staff were supported and trained to support people effectively.

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

- The registered manager instilled a culture where people and staff were valued. They were visible in the service, worked directly with people and led by example.
- The provider had invested in the staff by ensuring training and support was provided, so staff had the skills to meet people's needs. A staff member told us, " We have worked very hard as a team. I am very happy in my role and feel we work very well as a team. People are so much happier now in their home, and it's very rare to have an, incident, because people are settled and they are getting the right support."
- Relatives told us about positive outcomes for people. A relative told us, " There has been a lot of improvements, [person's name] always looks well cared for now, and there has been a lot of improvement in their personal appearance and care of their clothing." Another relative told us, "[Person's name] is doing a lot more now, when I visited the other day they were doing arts and crafts and they also looked well cared for." A third relative told us, " The home is a nicer place, it's not hectic anymore, and the manager and staff are kind and caring."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 management team understood their responsibility under duty of candour to be open and transparent when something goes wrong. The majority of relative's told us that communication was very good, they were kept informed about their family members care, and any changes..
- The majority of relatives spoke very positively about the improvements at the service. A relative told us, " There has been a great improvement in the home. The manager is really on the ball. We have regular contact from the staff or manager. There has been so much improvement. We as a family are really pleased." Another relative told us, "I can't fault what the manager and the staff have done. Things needed to be improved but they really have done it. The staff are lovely and it's a calm home to go into now."
- Staff told us they had seen improvements at the home and the new management team listened and took action with any concerns raised. One staff member told us, "The managers have worked really hard to improve things for the benefit of the people living here. You can ask them [managers] anything, they are really approachable. I think we have a really good team in place now. "
- There were regular meetings with people for them to share their views of the home. Survey's had been completed with relative's, and a system for regular contact between people's key workers and relatives had also been established, so feedback was sought on a regular basis. The registered manager had introduced a monthly newsletter to keep relatives informed about the service.

Working in partnership with others

- The provider worked in partnership with social workers, health and social care professionals and relatives in order to support people's needs.
- Health and social care professionals told us things had improved since the current registered manager was in post.