

Rushcliffe Care Limited

Loudoun House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 9 January 2015. We last inspected Loudoun House in June and July 2014 when our previous inspection took place over four days on 19, 21, 25 June and 25 July 2014. The provider was not meeting seven regulations at that time. These related to, care and welfare, management of medicines, safeguarding people from abuse, supporting staff, assessing and monitoring the quality of service provision, notifications of deaths and notifications of other incidents. Improvements were being made during our inspections and we asked the provider to take action to make further improvements. We also took enforcement

action to protect people living at the home. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make and were supported by the local authority in making them. At this inspection we found that the actions we required had been completed and these regulations were now met.

Loudoun House Care Home provides care and support for up to 35 older adults with a variety of needs including

Summary of findings

people living with dementia. At the time of our inspection there were 31 people using the service. The home has two floors with a number of communal areas available for people to use.

Loudoun House Care Home did not have a registered manager at the time of our inspection. A new manager had been appointed and an application for them to become registered manager had been submitted and was being processed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were satisfied with the care and support provided and all felt their needs were being met. They had developed good relationships with the staff team and new manager and told us they were treated with kindness and respect and felt safe using the service. Relatives we spoke with confirmed this. Some people told us they did not always have the opportunity to be involved in the planning of their care and others were not satisfied with the social activities available. Although improvements had been made in these areas, this work needed further development.

We saw that people were well supported by a staff team that understood their individual needs. We observed that staff were friendly, kind and treated people with respect. The home had a warm and welcoming atmosphere and staff we spoke with had a good understanding of people's needs and told us they enjoyed their roles. Staff were positive about the improvements that had been made at the home and had confidence in the leadership of the new manager.

The manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2008. We found examples of where these procedures had been appropriately followed but further improvements were required to ensure consistency.

Staff recruitment procedures were robust and ensured that appropriate checks were carried out before staff started work. Staff received a thorough induction and had received additional training to refresh and update their knowledge. Staff felt well supported by the new manager and provider and we found sufficient staff were available to meet the needs of the people who lived there. The manager had begun to offer formal opportunities for staff support through the use of competency checks and supervisions but more time was required to fully embed this into practice.

Staff were aware of how to protect people from avoidable harm and the risks associated with medicines. Staff were aware of safeguarding procedures to ensure that any allegations of abuse were reported and referred to the appropriate authority. Improvements had been made by the manager and provider in all of these areas.

Improvements had been made in the planning and delivery of people's care and people had received the care and support they required. People's needs were assessed and plans were in place to meet those needs. Staff understood what people's individual needs were and acted accordingly. Risks to people's health and well-being were identified and plans were in place to manage those risks. People were supported to access healthcare professionals whenever they needed to. People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was provided.

The manager and provider had worked at improving the quality of service provided. They were clear about the values and aims of the home and were committed to continual improvement. There were effective systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and monitoring the quality of service provided. We had been notified of all relevant incidents.

Summary of findings

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 safe.

Significant improvements had been made to ensure there were robust systems in place to protect people from the risks associated with medicines, to respond to allegations of abuse and to protect people from avoidable harm.

Staff had been appropriately recruited and there were sufficient numbers to meet people's individual needs.

Good



Is the service effective?

The service was not consistently effective.

Action had been taken to ensure people were receiving effective care. Their health had been monitored and responded to and people were provided with a balanced diet.

Opportunities for staff support and training had been developed and improved by the provider but the manager had not had sufficient time to ensure this was embedded into practice.

Principles of the Mental Capacity Act 2005 were known and understood by the manager but required development to improve consistency in their application.

Requires Improvement



Is the service caring?

The service was caring.

People told us care staff supported them appropriately and were kind and respectful.

Our observations showed staff considered people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Good



Is the service responsive?

The service was not consistently responsive.

People were not always involved in contributing to the planning of their care but people's preferences and what was important to them was known and understood. People received opportunities to share their experience about the service including how to make a complaint.

Improvements had been made to the provision of social activities for people but needed further development.

Requires Improvement



Is the service well-led?

The service was well-led.

Good



Summary of findings

The new manager had good management and leadership skills. They had worked at improving the standards of care and treatment and implemented many positive changes.

Staff were clear about their roles and responsibilities. Robust auditing and quality assurance systems were in place. We had been notified of all relevant incidents that the provider is required to.

Loudoun House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We also contacted the local authority who had funding responsibility for people who used the service for their views about the quality of the service.

This inspection took place on 9 January 2015 and was unannounced. The inspection was completed by two inspectors, and an Expert-by-Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 12 people who used the service. We also spoke with four visiting relatives about their views of the service. We spoke with the manager, senior manager and five staff members including care workers, senior carers and kitchen staff.

We reviewed a range of records about people's care and how the home was managed. This included four people's plans of care, four staff records and records in relation to the management of the service such as audits, checks, policies and procedures.

Is the service safe?

Our findings

At our inspection in June and July 2014 we found that people had not been protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. This was a breach of Regulation 11 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. Following this inspection the provider worked with the local authority to investigate the safeguarding concerns people had raised, introduced a new manager to the home and ensured that all staff had received appropriate training in this area. During this inspection we saw that significant improvements had been made and found the provider was now compliant with the regulation.

People and their relatives told us they felt safe living at the home. One person told us, "I feel safe here" and another said, "There's nothing wrong here, I feel safe." People's relatives were confident that care was being provided safely for their family member. For example, one relative said, "I'm comfortable that [person using the service] is safe here...and I know the staff do care for her."

The manager and staff team were all aware of local procedures for reporting concerns about people's welfare and any allegations of abuse. We saw examples of where appropriate action had been taken by the manager in the reporting of concerns about people's safety and welfare. We saw the provider was working collaboratively with the local authority to investigate any issues that arose. Staff we spoke with told us they had received updated training about how to protect people from the risk of abuse and records we looked at confirmed this. Staff were clear about their responsibilities to report concerns and told us that they were confident to do so. They also told us that safeguarding issues were constantly discussed at the home so they were clear about what action to take and how to raise concerns with the appropriate bodies. However, the provider's safeguarding policies and procedures were still unclear and not in line with national guidance about the protection of vulnerable adults. We discussed this with the management team during our inspection.

At our inspection in June and July 2014 we found medicines were not always stored or managed safely and people were not protected from the risks associated with medicines. This was a breach of Regulation 13 of the Health

and Social Care Act 2008 and we asked the provider to take action to rectify this. During this inspection we found improvements had been made and people's medicines were now being handled safely.

People and their relatives were all confident they were supported with their medicines safely and appropriately. One person's relative said, "They bring [person using the service] medication at regular times." Our observations showed that medicines were being administered to people in accordance with best practice guidance. Staff responsible for the administration of medicines told us they had received appropriate training about the safe handling of medicines. We spoke with a senior staff member who had taken responsibility for overseeing the management of medicines at the home and found they had worked at making improvements. They were able to tell us in detail about the systems for ordering, stock checking and storage of people's medicines. In addition they had introduced individual medication profiles for people which detailed each person's medicines and the reason it was prescribed, side effects and important details about how the person liked to receive their medicines from staff.

In addition there were now plans in place about how people's PRN medicines should be given. These are medicines that are given when needed, for example for pain, illness or anxiety. This meant that staff had clear guidance to follow to ensure these medicines were being given safely, at the times people needed them.

Medication records were accurate and completed as people's medication was given to them. Medicines, including controlled drugs were stored safely and management systems to monitor and check the safe management of medicines were in place and effective.

At our inspection in June and July 2014 we found risks to people had not always been properly identified. When risks had been identified, actions that should have been taken in order to protect people from harm were not always followed. The provider began to make improvements in this area during our previous inspection and at this inspection we looked to see if these had been sustained and improved.

One person told us, "Staff are attentive and gentle when moving me" and records confirmed that staff had been trained in safe moving and handling procedures. We looked

Is the service safe?

at people's care records and found they included updated individual assessments which identified potential risks to people's health or welfare. Risk assessments recorded these risks and any action that should be taken to minimise the risk. For example, we found that risk assessments were in place where people were at risk of falls or developing pressure sores and these detailed action staff should take. Staff had a good understanding of people's needs, including any individual risks and so were aware of how to provide care and support in the safest way.

Any accidents or incidents that had occurred, such as falls, had been recorded by staff. These were then reviewed and analysed by the manager to see if any changes or action should be taken to prevent future occurrences. We found appropriate action had been taken by the new manager in protecting people from avoidable harm.

The provider had specialist equipment available, such as hoists and wheelchairs, to keep people using the service safe. We found that equipment had been appropriately maintained and staff had received training in how to use the equipment.

One person told us, "The environment is quite nice". The home had been well maintained and the premises were safe for the people who lived there. Improvements had been made to the environment since our last inspection. Records showed that the manager regularly undertook checks and audits in relation to health and safety which ensured the premises were safe and appropriately maintained.

The majority of people we spoke with told us there were sufficient staffing levels at the home and were confident that staff were available to meet their needs when they required support. People told us that staff were available to attend to them when they were in their bedrooms and in

the communal areas of the home. One person said, "I've got a buzzer and when I ring it the staff come as quickly as they can. I seldom have to wait" and another said "The staff are in and out [of the lounge] all the time making sure we've got everything we need." We were also told, "There is enough staff on duty and they answer my call bells quite quickly."

Relatives were also confident that staffing levels were sufficient. One person's relative said, "Call bells are answered swiftly." We observed this to be the case during our inspection and found there were sufficient staff available to meet people's needs. The majority of staff we spoke with agreed that staffing levels were appropriate at the home.

One person however told us, "Sometimes the staff levels are low", and told us about a recent occasion they had had to wait for their care. Two staff members also told us that staffing levels had been reduced and thought there should be more staff. We spoke with the manager and senior manager about this and we were told that staffing levels had reduced due to lower occupancy levels within the home. The manager told us that staffing levels were based on people's dependency needs and they were clear they would only admit new people to the home if they could meet the person's individual needs with current staff levels. The senior manager told us that staffing levels would increase again as occupancy levels increased and in accordance with people's level of dependency.

We looked at staff records and found that appropriate checks were undertaken before staff began working at the home. This meant people using the service could be confident that staff had been screened as to their suitability to care for the people who lived there.

Is the service effective?

Our findings

At our inspection in June and July 2014 we found people's care and treatment was not planned and delivered in a way that was intended to ensure their health and welfare. We found shortcomings in the care people received and care plans did not contain sufficient information to support staff in caring for people. People had not always received the care they required and had not always been supported to maintain good health. This was a breach of Regulation 9 of the Health and Social Care Act 2008. Following this inspection the provider worked with the local authority and introduced a new manager to make the necessary improvements. During this inspection we found that improvements had been made and the provider was now compliant with the regulation.

People we spoke with felt their needs were being met and were satisfied with the care and support they received. Relatives were also in agreement that their family member's care was appropriate and felt staff had a good understanding of people's individual requirements. For example we were told, "I'm cared for very well", "The carers help me and look after me", and "I feel that I get good care." Records we looked at confirmed that people had received the care they required.

Staff had a good understanding of, and were knowledgeable about people's individual needs. They were able to tell us about people's care and support needs, preferences and likes and dislikes. People's care plans had all been reviewed and updated and the information was now sufficient to enhance staffs' understanding of how people's care should be delivered. They were also clear about what people's health and support needs were and we could see that this care had been delivered to people.

People were confident their health needs were being met and they told us they had been supported to see relevant health professionals when it was appropriate. One person told us they had been seen by a dentist since our last inspection and another person said that staff had arranged a GP appointment for them when this had been requested. One person's relative told us, "My [family member] has had a cough and the staff have been very pro-active about it and got the doctor in."

Records confirmed that staff monitored and responded to people's changing health needs when required. Since our

last inspection the provider had ensured that all people were up to date with their regular appointments with health professionals such as dentists and chiropractors. We also found that appropriate referrals had been made to relevant health professionals and records were kept of their advice and incorporated into people's care plans. This demonstrated that improvements had been made and people's health needs were now being effectively monitored by staff at the home.

At our inspection in June and July 2014 we identified some concerns about how staff were supported. People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. This was a breach of Regulation 23 of the Health and Social Care Act 2008. We asked the provider to send us an action plan outlining how they would make improvements. During this inspection we looked to see if improvements had been made. The provider had worked with the local authority and introduced a new manager to help bring about the necessary improvements and we found sufficient improvements had been made to achieve compliance with this regulation.

People we spoke with all felt they were supported and cared for by staff that had a good understanding of their roles. We were told, "The staff know how to do their jobs" and "I feel the staff meet my needs and that they have the correct skills to care for me." People's relatives also agreed that staff had the appropriate training and support to enable them to provide effective care. For example, one relative said "The carers are approachable and they meet [my family members'] needs. They seem to have the correct skills to care for [them]."

Staff we spoke with told us about additional training they had received from the provider and local authority to update and refresh their knowledge. All felt competent in their knowledge and skills of how to provide appropriate care to people. Training records we looked at confirmed this. Staff that were new to the service had received a thorough induction which included a period of observing other staff members to help them learn about people's individual care needs.

Staff told us that the arrangements for their support had improved since the new manager had been appointed. These included opportunities for supervision, staff meetings and training opportunities. One staff member said, "I really like [the new manager], she's very supportive

Is the service effective?

and I can contact her at any time if I need to.” Records showed that the new manager had begun to develop more effective systems for staff support which included supervisions and competency checks with the staff team. However, the manager needed more time to fully embed this in order to ensure the staff were sufficiently supported and the positive changes could be sustained and improved.

The manager had a good understanding of the principles of the Mental Capacity Act (MCA) 2005 and there were policies and procedures in place in relation to this. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Some records we looked at showed that where people lacked capacity to make a decision about their care or support, appropriate mental capacity assessments had been completed and people’s best interests established. However these procedures had not always been consistently followed for all people using the service who may have lacked capacity to make decisions. We spoke with the manager about this and they explained they had been taking action to ensure the MCA procedures were being followed and would continue to make improvements in this area. Staff had some understanding of the requirements of the MCA and many had received training in this area.

There was one person lawfully deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) at the time of our inspection. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty. They had recognised that this person may require a DoLS authorisation when they moved into the home and followed the appropriate processes.

People were satisfied with the choice of food and drink available at the home. People told us they had a choice of meals and the cook was always willing to provide other alternatives. We were told they had enough to eat and drink throughout the day. One person’s relative said, “The food is good and there are two choices on the menu. It’s cooked very well and the staff ensure [my family member] has plenty to drink.”

We look at the food and drink people were offered during our inspection and observed how people were supported during the lunchtime meal. We saw the meal was freshly prepared, nutritious and nicely presented. People had been supported to make a choice of food and drink and were provided with appropriate support to eat their meal whilst remaining as independent as possible.

We spoke with a member of kitchen staff who showed us the menu in place at the service. We found that there was a balanced choice of food offered to people each day. People were given sufficient quantities of fresh fruit and vegetables and we found that food was made fresh on the premises wherever possible. Kitchen staff were keen to ensure they provided food according to people’s dietary needs and preferences and told us about occasions they had done this.

All staff we spoke with showed a good understanding of people’s nutritional needs and preferences. Records we looked at identified whether people were at nutritional risk and detailed action staff should take to mitigate these risks. We also found that advice from health professionals in relation to people’s eating and drinking had been acted on by staff at the home. This meant that people had effective support in relation to their nutritional needs.

Is the service caring?

Our findings

At our inspection in June and July 2014 many people told us they had witnessed or experienced unpleasant treatment by some members of staff. These matters were referred to the local authority for investigation under safeguarding procedures. Following our inspection the provider worked with the local authority to investigate these issues and a new manager was appointed. The provider took appropriate action to respond to these concerns by using their disciplinary procedures.

At this inspection all people we spoke with and their relatives were clear that the current staff employed at the service were kind and compassionate. One person said, "It's lovely here and the staff are very caring and nothing's too much trouble for them." Another person commented, "The staff are very gentle with me. They understand I'm in pain all the time so they're always very careful," and a third person said, "If there is anything I want I just have to ask. They are always polite and very helpful."

People also said staff encouraged them to make decisions about their care. One person told us, "The staff help me with my clothes and always make sure I've got something different on every day." Another person commented, "I had a bath today and the staff were lovely and asked me how I wanted things done." Records supported this and showed that people's individual needs, wishes and preferences had been sought and recorded.

Staff we spoke with felt there had been improvements in the staff team at the home. One staff member said, "Things have really improved...there's no one being unkind to people."

We spent time in communal areas observing how staff interacted with the people who used the service. We saw many examples of staff taking the time to talk with people and find out what they needed. For example, some people had blankets over their legs when they sat in the lounges.

Staff continually checked if the blankets were securely in place and people still wanted them. One person told us, "The staff come to me every day now and ask me if I want a blanket over my legs. I love my blanket, it makes me feel really cosy."

We also found staff interacting with people in a kind and respectful way during the lunch time meal. Staff were considerate of people's individual needs with regard to their food and drink and promoted choice making throughout the meal. The dining room had been refurbished by the provider since our last inspection and people told us about how they had been involved with the design and decoration. Care had been taken to make the dining room a welcoming and pleasant room that enhanced the dining experience of the people who used the service.

People felt that they were treated with dignity and respect. One person said, "They always knock on my door before entering and use my first name." Another person told us, "Staff treat me with respect and observed my dignity when bathing."

We spoke with staff who were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes. The provider had enrolled some staff on training to become dignity champions so practices in relation to this could be sustained and continually improved.

The home's 'Charter for Privacy, Dignity and Respect' was on a noticeboard in the foyer so the people who used the service, visitors, and staff could see it. This clearly set out appropriate standards for how people should receive their care and support at the home. Care records gave staff instructions on how to maintain people's dignity when they were undertaking personal care. During our inspection staff assisted people discreetly and treated them with dignity and respect at all times.

Is the service responsive?

Our findings

People and their relatives gave mixed responses when we asked them how involved they were in the planning of their care. Most people we spoke with could not recall seeing their care plan and some could not remember having any discussions with staff about how they would like their care to be provided. Most people's relatives also told us they had not seen their family members care plan but did tell us about discussions and communication they had with the staff team on an on-going basis. One relative told us, "I'm not aware of any care plans but they have told me what they're doing for [my family member]."

People's care plans had been reviewed and updated by the staff team but did not always demonstrate that people or their relatives had been involved in these reviews. However, people told us their needs were met in the way they wanted. One person said, "The staff know me and how I like things done but they ask me anyway in case I've changed my mind." Another person commented, "I like to go to bed at 9pm and I call the staff when I'm ready and they come and help me. That suits me."

The staff we spoke with were knowledgeable about the people in the home. They knew their care and medical needs, and what was significant to them in their lives. We observed people being supported in communal areas. Staff made sure they had items that were important to them within reach, for example TV remote controls, call bells, and handbags. If people needed routine care staff provided this on time and in accordance with people's care plans. For example, in relation to personal care or turning them.

People's preferences were identified in their care plans. For example, choices about getting up and going to bed times, bathing, and other aspects of personal care were recorded. For example, 'I will wake up anytime from 7.30 onwards – please knock on my bedroom door and ask me if I am ready to get up – await my response.' And, 'I am able to tell you what my preferences and wishes are so please ensure you always offer me a choice wherever possible.'

The provider also used a document referred to as 'Getting to know you'. This was an opportunity to gain valuable information about a person's history, hobbies and interests and life story. These had been completed with the person

and their relative, usually on admission and had been used to help contribute to the assessment and planning of people's care. However there were inconsistencies with how much information and detail was recorded.

Since our last inspection the manager had put a 'Family and Friends Communications Book' in each person's bedroom. This was so visitors could write down any queries they might have about their relative's or friend's care. One relative told us, "The book is very useful. I've already used it a couple of times and I've always got a reply from the manager."

People told us that the opportunities for social activities and interaction was improving and some were satisfied with this. One person said, "There have been more activities recently. A girl comes round and sorts them out. I've been outside and round the gardens and to a candle-making class." Another person commented, "The activities lady came to see me and we did painting and drawing together. She always asks me if I want to join in any of the activities."

People's care records included a section on their leisure and recreational needs. This included their hobbies, interests, and preferences. For example, one person's said, 'I enjoy sitting outside when the weather is nice'. The person in question confirmed that staff ensured this happened. Another person's said they liked reading and when we met them we saw that staff had supplied them with appropriate reading material. A further person's records said they liked watching a particular television channel and when we met them this channel was on in their room.

However, some people told us they were not always supported in activities that were important to them. One person told us, "There is not a lot of activities to do during the day except dominoes and cards." They then went on to explain to us they would prefer to spend more time outdoors but was given limited opportunity for this. Another person told us, "Sometimes we have quizzes and bingo but mainly there is nothing to do during the day." One person's relative told us, "[the person] is unable to engage in the activities that take place in the lounge, there are no activities that I know of that are aimed at residents in their own rooms."

We spoke with the manager and senior manager about these comments and they agreed this area needed further

Is the service responsive?

development. Since our last inspection the provider had employed an activity co-ordinator to support the introduction of further social activities in the home. However, these staff had not been in post very long and so further time was required to develop this further.

We found the week's activities were advertised in the entrance hall so people could see what was on. Staff recorded when people took part in group and/or individual activities. They also recorded if people had been offered an activity but hadn't wanted to take part. This meant there was a record in the home of all the activities provided and who had done what. Records for the week prior to our inspection showed that people had taken part in group activities, including playing cards and a craft workshop, and one-to-one activities, for example reading with a member of staff.

We also found the home had held an open day and a curry night to encourage relatives and others from the local community to visit the home and see the positive steps and changes they had made. All people we spoke with were positive about these events. Relatives told us they were always welcome at the home and felt they were able to maintain their relationship with their family member. The manager had recognised that one person was at risk of social isolation and had taken action to see if the person could be visited by an advocate to support and represent their needs.

We looked at how staff at the home listened to people's experiences, concerns and complaints. People told us they would speak out if they had any complaints about the service. One person said, "If I've got a complaint I have to tell the staff straight away. The manager told me that." A relative commented, "This place is very good and I have no complaints but if I did I would tell the manager."

The provider's complaints procedure was displayed in the entrance hall and a copy was given to the people who used the service and their representatives when they moved into home. It made it clear that people could complain to the manager, provider and staff, or, if they wanted to, take their complaints to outside agencies including the local authority. This meant people could raise their concerns both inside and outside the home if they felt they needed to.

Records showed there had been no complaints since our last inspection. The manager told us "My door is always open," and said anyone could come and see them, or phone them, if they had any concerns at all, however minor. They said, "If there's anything wrong I would like to hear about it so I can put it right."

Is the service well-led?

Our findings

At our inspection in June and July 2014 we found serious concerns in relation to the assessment and monitoring of the quality of service provision. Systems intended to monitor the quality of service provided were inadequate and ineffective because the failings we identified as part of the inspection had not been recognised or responded to by either the manager or provider. This was a breach of Regulation 10 of the Health and Social Care Act 2008 and we took enforcement action to protect people living at the home. During this inspection we checked to see that sufficient improvements had been made and found that the provider had complied with our warning notice.

We found the provider had ensured improvements had been made to their quality assurance system. This was now effective as the risks to people were being assessed, monitored and responded to by both the manager and senior manager. These included reviews and audits of people's care plans and risk assessments, audits of staff training, supervision and appraisal and regular competency checks of staff performance. In addition the manager and senior staff carried out regular audits. These included health and safety audits, incident and accident audits and medication audits. Wherever issues or problems were identified it was clear what action had been taken to resolve issues. This meant that people living at the home could be confident that the quality of service provided was being monitored and responded to.

At our inspection in June and July 2014 we found the provider had failed to notify CQC of all incidents as required to by law. This was breach of Regulation 16 CQC (Registration) Regulations 2009 and Regulation 18 CQC (Registration) Regulations 2009. Since this inspection the provider has notified CQC of all incidences where this was required and had systems in place to ensure this was done.

At this inspection people we spoke with and their relatives told us that they had confidence in the new manager the provider had appointed. The manager had submitted an application to become registered manager and we were in the process of considering the application at the time of this inspection. People felt the manager was approachable and commented they were regularly seen walking around the home and speaking with people. One relative commented, "I am very pleased with [the new manager] who is wonderful with [my relative]." All people we spoke

with were confident in approaching the manager to raise concerns or discuss matters in relation to their care and were complimentary about the manager's approach to addressing issues.

Staff we spoke with were equally complimentary about the manager and changes that had been implemented by the provider. For example, one staff member said, "There's been so many improvements here; I don't know where to start. The home looks a lot cleaner, the staff are happier and the residents are better cared for. I would actually put a family member in here now."

Some staff told us they thought the culture of the home had changed for the better. One staff member said, "The atmosphere is lovely here now. We've got a different staff team who talk to the residents more and have had proper training. As a result they are much nicer in their approach."

People and their relatives were also positive about the changes implemented. One person said, "The staff have done a lovely job on improving this place. The dining room is fantastic now."

We found the manager and provider had worked hard at making positive improvements in all aspects of the home and had achieved a significant amount since our last inspection. The manager was clear about the challenges they had faced since they accepted the position and had prioritised areas for improvement according to need. We found the manager had a clear direction for the home and had laid the foundations to achieve this. For example, they told us they had been helping staff to provide personalised rather than task-based care. They did this by working alongside staff, observing their practice, and encouraging them to engage with the people who used the service. They said they expected staff to talk to the people they care for at every opportunity, and to make them feel appreciated and part of the home. A staff member confirmed this and commented, "[The manager] is good on person-centred care she has helped me to understand it." The manager was aware that some staff were still experiencing low morale due to the scrutiny the home had been under and was working with them to improve this.

People were encouraged to share their views about the service in 'residents meetings', through the use of questionnaires and through informal discussion with the

Is the service well-led?

manager and staff team. We found that people's views, comments and concerns had been appropriately considered and responded to by the manager and senior manager.