

Drake Court Healthcare Limited

Drake Court Residential Home

Inspection report

Drake Close
Bloxwich
Walsall
West Midlands
WS3 3LW

Tel: 01922476060

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12 October 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 11 and 12 October 2016 and was unannounced. At the last inspection completed on 17 and 18 November 2015 we found the provider was not meeting the regulations around providing person-centred care, the need for consent, safeguarding people and the good management of the service. At this inspection we found significant improvements had been made although further improvement was still required. The provider was still not meeting all of the legal requirements.

Drake Court is a residential home that provides accommodation and personal care for up to 29 people. At the time of our inspection there were 29 older people living at the service, many of whom were living with dementia. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by a staff team who could recognise signs of abuse and knew how to report any concerns. Staff understood potential risks to people and how to keep them safe, although actions taken by staff were not always recorded in risk assessments. People were supported by sufficient numbers of staff who had been recruited safely for their roles. People's medicines were administered and stored safely. However, medicines administration records did not always show that people received all of their medicines as prescribed.

People's rights were not always upheld as decisions about the care of people who lacked capacity were not made in line with the Mental Capacity Act 2005. Where people were deprived of their liberty, the required legal applications had not been submitted to the local authority. People did not always receive the support they needed to prevent the risk of malnutrition. People did receive access to healthcare professionals such as doctors, dentists, chiropodists and opticians. People were supported by a staff team who were undertaking regular ongoing training to ensure their skills and knowledge were developed.

People were supported by a staff team who were kind and caring towards them. People were supported to make day to day choices about the care and support they received. People's privacy and dignity was protected and promoted. People were supported to maintain their independence.

People were happy with the care they received. The care people received was under ongoing review and improvements were being made. People were supported to access leisure opportunities that they enjoyed. People developed relationships with others and enjoyed living in the service. People felt able to complain and raise concerns. They felt they were listened to and issues were resolved.

People knew who the registered manager was and felt they were approachable. People were involved in the development of the service. People were cared for by a staff team who were motivated in their role and felt supported by the registered manager. The registered manager had developed a positive staff team and an

open, transparent culture within the service. A quality assurance system had been developed that had resulted in improvements being made throughout the service. This system was not yet effective in identifying and resolving all areas of concern that we found.

The provider was not meeting the regulation around the need for consent and good governance of the service. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People's medicines administration records did not always demonstrate that all medicines were given as prescribed. Staff understood potential risks to people and how to keep them safe, however, risk assessments were not always in place.

People were supported by a staff team who could recognise signs of abuse and knew how to report any concerns. People were supported by sufficient numbers of staff who had been recruited safely for their roles.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's rights were not always upheld through the effective use of the Mental Capacity Act 2005. People did not always receive the support they needed to prevent the risk of malnutrition.

People did receive access to healthcare professionals. People were supported by a staff team who were undertaken regular ongoing training to ensure their skills and knowledge were developed.

Is the service caring?

Good ●

The service was caring.

People were supported by a staff team who were kind and caring towards them. People were supported to make day to day choices about the care and support they received. People's privacy and dignity was protected and promoted. People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was not always responsive.

People were happy with the care they received and told us their needs were met. People were supported to access leisure

opportunities they enjoyed. People developed relationships with others and enjoyed living in the service. People felt able to complain and raise concerns. They felt they were listened to and issues were resolved.

Is the service well-led?

The service was not consistently well-led.

People were involved in the development of the service. People were cared for by a staff team who were motivated in their role and felt supported by the registered manager.

A quality assurance system had been developed that had resulted in improvements being made throughout the service. This system was not yet effective in identifying and resolving all areas of concern that we found.

Requires Improvement 

Drake Court Residential 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 October 2016 and was unannounced. The inspection team consisted of an inspector, a pharmacy inspector, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a qualified nurse who has experience working with older people.

As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We looked at the information the provider had sent to us in their Provider Information Return (PIR). A PIR is a document that we ask providers to complete to provide information about the service. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with 13 people who lived at the service and three visitors who were friends or relatives. To help us understand the experiences of people living at the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager and seven members of staff including the cook, domestic staff and care staff. We also spoke with one visiting healthcare professional. We reviewed records relating to eight people's medicines, six people's care records and records relating to the management of the service; including recruitment, complaints and quality assurance records. We carried out observations across the service regarding the quality of care

people received.

Is the service safe?

Our findings

At the last inspection completed on 17 and 18 November 2015 we found the provider was not meeting the regulation around safeguarding people from abuse and improper treatment. At the most recent inspection completed in October 2016 we found improvements had been made and the provider was now meeting this regulation.

People we spoke with told us they felt safe living at the service. One person told us, "Oh yes I feel safe here, the staff are very kind". Staff we spoke with could describe signs of potential abuse and how they would report these concerns. Staff also knew how to 'whistleblow' if necessary. This means they were able to describe how they would contact the local safeguarding authority or CQC if they needed to raise concerns outside of the service. The registered manager knew how to keep people safe from the the risk of harm and could demonstrate they had reported incidents of concern to the local safeguarding authority as required by law. People were protected from potential abuse by the registered manager and the staff team.

People told us they were happy with the support they received with their medicines. One person told us how they always got their medicines on time. They told us, "[Staff] hang on to make sure you take them". At the last inspection we found that not all medicines had been stored securely. We also found medicines were not being stored at temperatures in line with manufacturers guidelines. At this inspection we saw that medicines were stored securely and the amount of medicine stored matched the amounts recorded on people's medicines administration records (MAR). The temperature at which medicines were stored at were monitored regularly by staff to ensure they remained effective. We also saw staff members administered medicines to people safely.

We saw most people received their medicines as prescribed. However, we did find that some medicines records had not been completed by staff members for the application of topical creams. The registered manager was not able to confirm that these people had received their creams as prescribed and as needed. We also found concerns about the way some people received their antipsychotic medicines. One person was receiving antipsychotic medicines on an 'as required' basis. This person did not have the mental capacity to consent to this medicine being administered and was being given the medicine regularly at the maximum dose. Staff we spoke with did not have sufficient knowledge about how to support this person in a way that would reduce the need for them to be given their 'as required' medicine. We found guidelines had not been made available as to how they should support this person in way that would potentially reduce the amount of medicine being given. We found that guidelines were still being developed to describe to staff when medicines should be given to people if they were prescribed on an 'as required' basis.

At the last inspection we found staff did recognise potential risks to people and they did not understand how to keep people safe from harm. We saw staff moving people in a way that increased the risk of injury to them and found staff were not aware of certain risks to people's health, such as if they had diabetes. At this inspection, staff we spoke with could describe potential hazards and risks to people and how they kept them safe. We saw staff taking steps to keep people safe during the inspection. For example, we saw staff moving people in a way that protected them from the risk of injury. We also found staff understood risks

such as if people required an adapted diet due to the risk of choking or if people were living with diabetes. We did however find risk assessments were not always in place to provide guidelines to staff around how to keep people safe. For example; we saw staff using some equipment to support a person to move. Staff understood how to keep the person safe while using this equipment however the risks had not been assessed by the registered manager and recorded in a risk assessment. We found accidents and incidents were recorded and actions were taken to protect people. For example, we saw referrals were made to the falls prevention team where the registered manager identified concerns through accident reporting. People were protected by a staff team who could recognise the risks to people and kept them safe from the risk of harm.

People told us they felt there were sufficient numbers of staff to support them. They did however tell us staff were very busy. One person told us, "They're always on about how busy they are". Staff told us there were sufficient numbers of staff available to keep people safe. We completed observations throughout the inspection and saw there were sufficient numbers of staff available to meet people's needs and to keep them safe.

We looked at how the registered manager recruited new staff and how they checked staff were appropriate for the roles they were employed for. We saw that face to face interviews were completed with potential staff members. Pre-employment checks were completed before staff were able to start work in the service. We saw these checks included reference and Disclosure and Barring Service (DBS) checks. DBS checks allow an employer to assess a staff member's potential criminal history. People were supported by staff member's who had been recruited safely and suitably assessed for their roles.

Is the service effective?

Our findings

At the last inspection completed on 17 and 18 November 2015 we found the provider was not meeting the regulation around the need for consent. At the most recent inspection completed in October 2016 we found improvements had been made but the provider was still not meeting this regulation.

At the last inspection we found people were not asked for their consent before staff provided them with care and support. At this inspection, people told us staff asked for their permission. Staff could tell us how they would get people's consent. One staff member told us, "We ask them". Another staff member told us, "You speak to them. Tell them what you're going to do. Ask their permission". They told us, "We don't force them". We saw staff asking people about day to day decisions around their care during the inspection and seeking consent.

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. At the last inspection we found staff had no knowledge of the MCA and what this meant for the people they supported. At this inspection we found staff knew that decisions needed to be made in the 'best interests' of people if they did not have capacity. However, we found staff were not always certain about how to apply the principles of the MCA in practice. We found the management team had provided some training to staff members and had started to complete assessments of people's capacity for some aspects of their care.

We confirmed with the staff team and registered manager that many people living at the service lacked the capacity to make decisions about or consent to certain aspects of their care. We found several people who lacked capacity had been refusing medicines that were important to maintain their health. However, we found action had not been taken to assess the capacity of these people or make decisions in their best interests in line with the MCA. One person had lost a significant amount of weight and healthcare intervention had been sought by staff. This had resulted in the person taking a prescribed nutritional supplement. No action was taken by staff in line with the MCA following the person's refusal to consume the prescribed supplement. We found one person was being given medicines covertly. This decision had not been made in their best interests in line with the MCA. A further person was receiving 'as required' antipsychotic medicines on a regular basis without staff taking decisions about the administration of the medicine in the person's best interests in line with the MCA. While some improvement had been made in terms of staff knowledge. This knowledge had not yet been effectively applied to ensure people's rights were not protected through the effective application of the MCA.

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

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed they had put restrictions in place to protect some people from the risk of potential harm. They recognised these restrictions required an application to be submitted to authorise any deprivation of liberty, however these applications had not yet been submitted. The registered manager confirmed they would review all potential restrictions that were in place and ensure the required applications were submitted immediately.

At the last inspection we found significant concerns about the skills and knowledge of the staff. Staff told us they had not received sufficient training and this was confirmed by our observations of the care provided and training records held by the manager. At this inspection we found significant improvements had been made. People told us they felt staff had the skills to support them effectively. One person told us, "They're [staff] very good". Staff told us they now received regular training. One staff member told us, "We have [training] all the time". Another staff member told us, "There's always training". The registered manager told us they were constantly observing staff members to ensure the knowledge they learned through their training was applied in the care being delivered to people. Staff supported this view. One staff member said, "If [the registered manager] sees something she doesn't like she'll tell you." Staff told us about further training courses they were signing up to during the week of the inspection; including diabetes and dementia training. They also told us they were being well supported by the registered manager and were able to ask for help and advice when it was needed. A staff member said, "[The registered manager] has helped me. She's been golden". We found staff were having regular one to one meetings with their line manager and where there were concerns about the competency or skills of staff, corrective action was being taken. We looked at the training records provided by the registered manager and confirmed staff members had completed extensive training since our last inspection. We saw there were some gaps in staff members training, however the registered manager was aware and had ongoing plans to develop the skills of the staff team. People were cared for by a staff team who were being given the training and support they required to develop their skills and knowledge around how to support people effectively.

People told us they enjoyed their food and drink. One person told us, "The food is brilliant". Another person told us, "The food is nice. I have no complaints at all. It is home cooked". A third person said, "We have lovely meals. They are cooked here. We have a good breakfast, the custard and sponge pudding is gorgeous". We saw people being offered choices about what they ate and we saw the food served was well presented. We saw staff observing people's preferences at breakfast such as whether they wanted crusts on their toasts, the amount of marmalade people liked on their toast and if they preferred a mug to a cup and saucer. The cook told us they were attending a residents meeting during the week of the inspection to explore people's preferences to enable the menu to be further developed. We saw this meeting being advertised to people. People enjoyed the food they ate and their preferences were respected.

At the last inspection we found staff did not have sufficient knowledge about people's dietary needs. At this inspection staff we spoke with were able to confirm some specific dietary needs people had. For example, if people were living with diabetes or required a gluten free diet. We saw information about people's dietary needs was recorded in their care plans and was also held in the kitchen. Staff were aware of people who were at risk nutritionally, however, action was not always taken to support these people appropriately to ensure their health was not at risk. Staff were also not always aware of the severity of the risk for these people. We saw food charts were in place to monitor certain people's food intake. However, these charts were not in place for all of the people identified as being at risk nutritionally. The charts recorded the type of food consumed but not the quantity of food. The charts were not monitored to ensure any corrective action could be taken to protect people's health. We found one person's GP had been contacted due to their weight loss and was prescribed a nutritional supplement. However, action had not been taken when this person began to refuse to consume this supplement. We also identified that a high number of people in the

service were losing weight, although in some cases this was a small amount. For example, in September over half of the people living at the service had lost weight. We asked staff if they were aware of specific individuals' weight loss where this was significant and they were not. The registered manager had identified this concern and was investigating the reasons for the weight loss. They also confirmed immediate action would be taken to monitor those at risk nutritionally more closely and take steps to protect their health.

People told us they had support to regularly access healthcare professionals such as the doctor, optician and chiropodist. One person told us, "The nurse will come and see you if you need her". Another person told us, "I have my own dentist which I go to". We saw from people's care records people regularly saw healthcare professionals. We spoke to one visiting healthcare professional who told us staff followed the instructions they gave to support people's health. We did however identify that concerns were not always followed up with healthcare professionals proactively. For example, when healthcare advice was required following the refusal of medicines or nutritional supplements this advice had not always been sought. People were however supported to attend routine appointments with healthcare professionals.

Is the service caring?

Our findings

At the last inspection completed on 17 and 18 November 2015 we found serious concerns about how staff failed to uphold and promote people's privacy, dignity and independence. People told us and we saw that people were not always spoken to by staff appropriately and we saw people become very distressed due to the way staff were providing them with support. We also found people were not being offered sufficient choices about the care they received. At this inspection we found significant improvements had been made.

People told us they thought the staff team were kind and caring in their approach. One person told us, "The staff are very nice to me". Another person told us, "They'll listen to you if you want to talk to them". A third person told us, "The [care staff] would do anything for you. I'm not chatty but I like it here". People told us they were happy and comfortable in their home with the care staff. We were told by a person, "We look after each other here. We have a good laugh". Staff we spoke with told us they were passionate about making people feel valued in their environment. One staff member told us, "If they're upset we sit and talk to them". Another staff member told us, "I like to treat [people] like my Mom or [other relatives]". We saw this approach reflected in the support staff provided to people. People appeared to be relaxed and comfortable in their home. We saw people had positive relationships with staff members. People were at ease and we saw them smiling and laughing with staff members. People living at the service appeared to get on well with each other and they spent time talking to one another. Relatives supported this and one visitor told us, "The staff are smashing. They are all very approachable and kind to [my relative]. They laugh and joke with [them]. [Person] has made lots of friends. We are very happy with [their] care here". People were supported by a staff team who were caring towards them and created a homely environment.

People told us they were supported to make choices about their day to day care. One person told us, "I like to look nice. I love my clothes and choose to wear what I like". The registered manager told us they had tried to promote a culture of choice within the service. They told us, "It's [care] not just done. [People are] given choices. [People are] constantly involved in their care". Staff we spoke with were able to describe ways in which they provided people with choice. One staff member told us, "I always have a natter with them. I always ask what they want me to do". We saw people being offered choices during the inspection and choosing how to spend their time. We saw people being given choices such as what they wanted to eat or drink. We saw one person being served lunch at 11.30am as they had asked for their meal. We saw people choosing to take part in activities or to spend time in a quieter area of the service if they did not want to join in. People could move around the service freely and choose where and how they spent time. For example, we saw one person chose to sit in the entrance of the service. They were smiling and chatting to people watching the bees on the flowers outside. We also saw some people choosing to go outside for a cigarette and they were able to move around freely and without unnecessary restrictions. Where people lacked capacity to make certain decisions we saw staff promoted their ability to make choices wherever possible. We did however identify that some improvements were required to support people in line with the MCA where they were unable to make choices due to their capacity.

People also told us they were supported to remain independent. One person told us, "We do things for ourselves". The registered manager told us they tried to support people to access the local community to do

things for themselves wherever possible. They gave us an example of how they supported a person to go to the local shops and people also confirmed this to us. A person told us, "Staff here are very good, they are lovely. I walk out to the shops with [care staff]. [Staff name] is very kind and friendly". We saw people were supported to move around the service independently where possible and we saw some people completed day to day tasks such as folding napkins for the dining tables. Staff we spoke with told us they protected people's privacy and promoted their dignity. They gave us examples of how they did this, for example by shutting doors and curtains while supporting people with personal care and not discussing people's needs in communal areas. We saw this practice reflected in the care and support we observed during the inspection. People's privacy and dignity was protected and promoted by staff members.

Is the service responsive?

Our findings

At the last inspection completed on 17 and 18 November 2015 we found the provider was not meeting the regulation around providing person-centred care. We found people were not receiving care at times that met either their needs or preferences. We also found the provider had not ensured people's needs were accurately assessed and understood. Staff did not deliver care that always met people's needs and the care people required was not accurately recorded in people's care plans and reviewed. At the most recent inspection completed in October 2016 we found that improvements had been made and the provider was now meeting this regulation.

People told us they received care that met their needs. One visiting relative told us they had been asked lots of questions about their relative when they had moved into the home to make sure staff understood their needs and preferences. Another relative told us, "They asked lots of questions about [person]. We had to fill in a questionnaire about [them]". Staff we spoke with knew people well and understood their preferences. We found staff knowledge about people's specific needs had improved greatly since the last inspection. Staff were aware of specific needs such as those who were living with diabetes. They understood the support people needed and how to recognise if there were concerns about people's health. Staff members completed handover meetings at the beginning and end of each staff shift. This ensured that any concerns about people's health could be shared with the wider staff team and people could be more closely monitored if required.

People's relatives told us they were aware of people's care plans and had been involved in their development. However, some people themselves told us they were not aware of their care plan. We saw the registered manager had ensured all care plans for people had been reviewed and updated since the last inspection. We saw reviews had been completed that involved people and their relatives. We saw the registered manager had been working to improve the frequency of reviews and how involved people and relatives were in the review of their care plan. We found care plans were more focussed around the person receiving care than at our prior inspection. Where further improvements were needed the registered manager was working to make the required changes.

Most people we spoke with enjoyed the activities and leisure opportunities available to them. One person told us, "A lot of activities go on here. I do tapestry and it's very nice, we have bingo but I don't like that. I used to do knitting. I don't now but the staff would let me do anything". Another person told us, "We are doing embroidery for xmas cards, [Activities staff name] comes every week. [They are] lovely". A third person said, "I like quizzes and the singalong we've just had". We saw the singalong taking place with a visiting entertainer who came to the service once a month. We saw this entertainer singing and dancing with people. People were smiling, singing along and shaking maracas. Some people chose to sit in another lounge area which they were supported to do if they did not wish to join in. We also saw people playing bingo during the inspection with nearly a third of the people living at the service joining in and appearing to enjoy the game. Many people who used walking frames to mobilise had items hanging from them which they told us they had made in a craft class held at the service. People were supported to develop social networks with other people in the service. We saw people spending time chatting to each other. A person

told us, "I have a lot of friends here". Some people did however tell us they were bored at times and did not have enough to do. We saw that significant improvements had been made to the environment and the leisure opportunities available to people since our last inspection. We saw the registered manager consulted with people at residents meetings about the things they would like to do and action had been taken to implement these suggestions. The registered manager also told us they would continue to develop the availability of every day activities that took place in between scheduled leisure activities.

People told us they were able to raise concerns and complaints. They told us the registered manager listened to them and resolved any issues they had. One person told us, "If I had a problem [the registered manager] or [deputy manager] would sort it". Some people told us they had no reason to raise a complaint. Another person told us, "I have no complaints". We saw the registered manager kept records of formal complaints that had been received and an appropriate response had been sent. People's complaints and concerns were responded to appropriately and resolved.

Is the service well-led?

Our findings

At the last inspection completed on 17 and 18 November 2015 we found the provider was not meeting the regulation around the good management and governance of the service. At the last inspection there was no registered manager in place. The provider had not ensured quality assurance and governance systems were in place. The management team had no knowledge of when certain audits had last been completed or the training that had been completed by staff members. Safeguarding concerns, accidents, incidents and complaints had not been reported, recorded or investigated to ensure plans were put in place to protect people from any further risk of harm. At this inspection we found significant improvements had been made, however the requirements of the regulation had not been met.

A registered manager was in post and they had developed a quality assurance system. They recognised that further improvements were still required to this quality assurance system. The registered manager was continually reviewing the way the quality of care was monitored and where they identified gaps or weaknesses they made the required improvements. The new quality assurance system included audits across the care being delivered to people, the development of recording systems, spot checks on staff training and competency and checks on the safety of equipment, the environment and medicines administration. We saw the quality assurance and governance systems introduced had identified areas of improvement that were being addressed and this had resulted in the standards of care being provided to people improving. People using the services, relatives and staff all spoke of the improvements they had seen within the service.

People were still not receiving a high quality service in some aspects of their care as further improvements were still required in order to make the quality assurance system effective in identifying all of the areas of risk and improvement required. For example; we found medicines audits had been introduced although they had not identified gaps in medicines administrations records and concerns around people refusing important medicines. We found care plans and risk assessments had significantly improved and were now reflective of most people's needs. However there were some inconsistencies and some risks had not been fully assessed and documented. We found reviews of care plans completed by key workers did not always ensure that care plans were being updated effectively. Key workers were not ensuring records were always accurate and reflected any changes to the care being delivered to people. We found insufficient monitoring of the food and fluid intake of people who were at risk of malnutrition, some of whom had lost significant amounts of weight. We also found insufficient systems were in place to monitor behaviours that could challenge. This resulted in care plans not always being effective in outlining how to manage these behaviours in the least restrictive way. We found accidents and incidents were being recorded and action had been taken where concerns about individuals were recognised. However, there was no formal overall monitoring or analysis in order to identify trends and patterns which could help in reducing the overall risk to people in the service. There was no system in place to monitor informal complaints and comments that were received in order to identify areas of improvement. The registered manager had also not ensured systems were in place to ensure people's rights were upheld through the effective application of the Mental Capacity Act 2005. People's care was not meeting the required standards due to recording, monitoring and quality checks not always being sufficient or effective.

People told us they knew who the registered manager and deputy manager were. We saw the registered manager was visible in the service and accessible to people. People told us they found the registered manager approachable and felt able to talk to them. We saw people were able to speak freely and openly about any concerns they had. We saw people had a positive relationship with the management of the service. One person told us, "I've always found [the registered manager] very good". Relatives also supported this view with one telling us, "The [registered manager] keeps in touch with me and tells me if there are any problems. [My relative] had a problem with eating and I was told straight away. They are always very approachable. I get a phone call if there [are any problems]." Another relative told us, "The manager phones us if there is any problems straight away, [my relative] is very happy here and we think its marvellous". We saw people were involved in the development of the service. We saw regular feedback surveys were completed and people were involved in residents meetings. We saw the minutes of the residents meetings focussed on people's views and opinions. For example, we saw people were consulted about how they wanted the service to be decorated, what activities they would like to take part in and the food they would like to eat. People felt supported by the manager and were involved in the development of the service.

Staff told us they had seen improvements in the service since the last inspection. They told us they felt well supported by the registered manager and the deputy manager. They told us the managers were approachable and they were able to openly discuss any issues or concerns they had. One staff member told us, "I can talk to [the registered manager] and [the deputy manager]". Another told us, "[The registered manager] is brilliant. She's the best manager we've had". A third staff member said, "The manager is very approachable, I can go and tell her about any problem and she listens". We were told by staff the registered manager and the deputy manager were 'hands on' and support the staff team where they could. This reflected what we saw during the inspection. We also saw the registered manager empowered people in their roles. For example, we saw the domestic staff team had taken responsibility for making improvements in their own roles and were looking for ways to make sure they became more efficient. Staff told us the registered manager had developed a committed and motivated staff team. We were told, "We're a big family. We all muck in". People were cared for by a staff team who were motivated and felt supported by the registered manager.

We found the registered manager had changed the culture of the service since our last inspection. We saw they had developed an open, transparent culture where people and staff felt able to discuss any concerns and issues they had. We found the registered manager had made some improvements across the service, however, further improvements were still needed in many aspects of people's care. The provider information return submitted by the registered manager acknowledged that further improvements were needed, however, it did reflect that some improvement was required in the registered managers knowledge of the regulations and inspection framework. The registered manager demonstrated clearly during the inspection they were committed to making any required improvements within the service. They were able to recognise where the improvements were required and began to address the areas of concern that we identified before the inspection had been completed. The registered manager supported a culture of transparency and was committed to developing the quality of the service provided to people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's rights were not always upheld through the effective implementation of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were not always protected by a robust quality assurance system that identified all of the areas of improvement required in the service.