

Merevale House Residential Home

Merevale House Residential Home

Inspection report

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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

About the service

The service provides accommodation, support and personal care for up to 31 people. There are three buildings at the location which provide specialist care for people living with dementia. Merevale House provides care for up to 15 older people living with dementia. Merevale Lodge provides care for up to 12 people living with early-onset dementia, and 5th Lock Cottage provides care and rehabilitation for up to four people living with alcohol related dementia or other mental healthcare needs. On the day of our inspection there were 28 people living there.

People's experience of using this service

During a period of changes in the senior management team, the provider had not maintained a good level of organisational oversight of the service. This meant some previously demonstrated standards had not been sustained. The provider had not fulfilled their regulatory responsibility to inform us of important incidents that happened at the service. However, people and relatives were positive about the quality of service which had achieved positive outcomes for people. The provider was open and transparent about the challenges over the last 12 months and demonstrated a strong commitment to making the required improvements.

People felt safe because there were enough staff to respond to their requests for assistance and meet their needs. However, there was no effective system to monitor accidents and incidents. This meant safeguarding issues were not always identified and risk management plans were not updated. Improvements were needed to ensure medicines were managed in line with regulatory requirements.

Whilst staff were motivated and responsive to people's needs, they had not always had the training and support they needed to fulfil their role. However, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. People were supported to access healthcare professionals who confirmed staff worked with them to achieve positive outcomes for people. People's nutritional needs were met.

The provider, staff and managers were extremely dedicated and passionate about people. People and their relatives told us staff were very caring and compassionate. Staff were exceptional at helping people express their views and respected their privacy and dignity at all times. Equality and independence was celebrated.

Staff knew people well and were able to respond quickly to support them. People were engaged in meaningful occupation and encouraged to maintain their hobbies, interests and skills. Staff had time to be with people and take them on trips into the community. People felt confident to raise concerns knowing they would be listened to.

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

Rating at last inspection

The last rating for this service was outstanding (published 06 September 2017).

Why we inspected

This was a responsive comprehensive inspection based on information we had received about changes in the management of the home. The overall rating for the service has changed from outstanding to requires improvement. Please see the safe, effective and well-led sections of this full report.

Enforcement

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Merevale House Residential Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection Team:

The inspection team consisted of three inspectors.

Service and service type:

Merevale House Residential Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission (CQC). Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed two new managers. One manager was in the process of applying to be registered.

Notice of inspection:

The inspection took place on 12 September 2019 and was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We requested feedback from the Local Authority quality monitoring officers. We used all this information to plan our inspection.

During our inspection:

We spoke with six people living at the home and three relatives over the telephone. Some people living at the home, due to their complex care needs and disabilities were unable to give us their feedback about the home. 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 also spoke with the two managers, the deputy manager, four care staff, the chef and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including five people's care records and a selection of medication records. We also looked at records relating to the management of the service, including audits and systems for managing any complaints. We reviewed records of when checks were made on the quality of care provided.

After the inspection

We spoke with two healthcare professionals over the telephone.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Not all staff had received regular safeguarding training but understood their responsibility to report any concerns people were at risk of abuse.
- However, when looking through accident and incident reports we identified three incidents when it had been recorded a person had hit another person, been physically aggressive to another person or thrown objects at other people. We also identified an incident when a vulnerable person had left the building unaccompanied. These had not been recognised by managers as potential safeguarding incidents. They had not been referred to the local authority in accordance with local safeguarding procedures to ensure risks were effectively and safely managed.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment

- People however, felt safe at Merevale because of how staff treated them. A typical comment was, "I like it here. The staff make me feel safe. I can ask staff anything I like, staff are definitely nice to me."

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

- Risk assessments and care plans did not always have all the information staff needed to keep people safe. For example, some people due to their confusion, agitation or anxiety could demonstrate behaviours that could challenge the service. Plans were not sufficiently detailed to guide staff on how to manage those behaviours to keep the person, themselves and other people safe.
- One person's risk management plan guided staff to look for triggers to minimise a person demonstrating distress in the way they behaved towards others. However, the triggers were not described so staff would not know how to act to try and prevent this from happening. Records showed there had been a number of incidents which may have been avoided if records and guidance were clearer.
- When people had experienced a change in health, this had not always resulted in a review of risks associated with that change. For example, one person's nutritional risk assessment had not been reviewed since March 2019 despite them having lost 8 kg in weight between March and August 2019. Following our inspection the provider acknowledged the risk assessment had not been reviewed as required, but assured us the person had been referred to other healthcare professionals to ensure the risks of malnutrition were being managed.
- The provider maintained a list of everyone who lived in the home which detailed the level of assistance and the type of equipment they would need to reach a place of safety in the event of an emergency. However,

the list had not been updated since March 2019. This meant it did not include people who had moved into the home since that date and people who had left the home were still on the list. Inaccurate information could lead to delays in an emergency evacuation of the home. Immediate action was taken to update the list.

- There was a system for recording accidents and incidents. People's care plans did not always demonstrate that information within accident and incident reports had been used to review the care provided to identify whether any further support was necessary.
- There was no established system in place to review accidents and incidents to identify any trends or patterns at service level. The new managers had identified this as an issue and assured us this would be addressed.
- Environmental risks were not always identified. For example, some fire doors were propped open with a wedge. Cleaning products were not stored securely. This posed a risk as people living at the home were mobile and living with dementia. A manager took immediate action to secure the items.
- Improvements were needed in how medicines were managed. Staff had received training in safe medicines management, but they had not had their skills and competency assessed by the provider to ensure they followed best practice when giving medicines.
- During our visit we found staff did not always follow good medicines practice. For example, handwritten amendments to Medicines Administration Records (MARs) should be signed by the staff member making them and countersigned by a second member of staff to confirm their accuracy. This was not happening.
- Some people were prescribed 'as required' medicines. There were no guidelines to inform staff when to give these medicines to ensure a safe and consistent approach. For example, one person's 'as required' medicine was for 'agitation'. There was no information about what might cause the person to be agitated or what staff should do to try and reduce the person's agitation before proceeding to administer the medicine.
- Some people were prescribed medicines that needed to be given 30 to 60 minutes before other medicines. MAR charts showed these people's medicines were all given at the same time.
- One person was prescribed a medicine for indigestion that was to be taken before every meal and at bedtime. The medicine was only being given before lunch and tea.
- Another person was prescribed a medicine to be taken at night to support their mental health. Staff had recorded on the MAR on multiple occasions that the medicine had not been given because the person was asleep. When the issue was identified, the GP had been consulted and brought forward the timing of the medicine. However, very recent gaps in the MAR indicated the person was still not being given the medicine as prescribed.

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

- Despite risk management plans not always being clear, we saw some risks were managed extremely well. One person had previously left the service without staff support. The provider had implemented a risk management plan which meant the person was kept safe, but their freedoms were not unduly restricted.
- The new managers had developed an action plan to be completed by the end of October 2019 to address risk management issues.
- The deputy manager had recently completed a full medicines audit. They had identified the need for improvement in safe medicines practice and drawn up an action plan to address this.

Staffing and recruitment

- There were enough staff of varying skills on duty to support people safely and provide person centred care. One staff member said, "We have a good staff to person ratio and always have time to spend that quality time with people."
- People told us staff were always available to respond to their requests for support and assistance.

Comments included: "I like to go and get a newspaper. I ask if I can go and they will take me", "The staff are always there to help, there are enough staff" and, "There is always someone with us, usually a staff member we know well."

Preventing and controlling infection

- There were systems to prevent and control the risk of infection. Staff had access to personal protective equipment (PPE) and wore this whenever appropriate.
- All areas of the home were clean and tidy and there were no unpleasant odours.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had identified staff had not received the training or support to ensure their skills were maintained and they consistently followed best practice. This was being addressed as a priority at the time of our inspection. One of the new managers explained, "Training was the big thing. We have put them on e-learning to get them up to speed straightaway and then we will move to face to face training."
- Staff told us they needed more training on diffusing distress that may impact on others and how to extract themselves from physical situations. This would ensure they provided the correct support and followed procedures effectively. This was supported by accident and incident reports which showed there were occasions when staff had sustained physical harm. Comments by staff included: "Some service users hit out at staff and we don't know how to deal with it" and, "We don't have any training on managing behaviour, but it is definitely something we need."
- The provider was encouraging and supporting staff to study for further qualifications in health and social care. An external training assessor was visiting on the day of our inspection.
- Staff had not received regular supervision. The new managers were addressing this to ensure each member of staff had an opportunity for a review of how they were progressing or feeling about their work and role in the service.

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 with appropriate legal authority. In care homes, 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make decisions had been assessed. However, assessments had not been reviewed when there had been changes in people's mental health.
- The new managers had identified some people had restrictions within their care plans to keep them safe

they did not have capacity to consent to, but no DoLS had been submitted. They had submitted applications to the authorising authority and continued to review people's care plans to identify whether further applications were required. Other people already had authorised DoLS in place.

- Managers and staff understood the principles of the Act and worked in the least restrictive way possible.
- People were supported to have maximum freedom and choice in their lives and staff asked people for their permission before supporting them. One staff member told us, "It is important we talk to people and explain what is happening and why we are doing it. It is their life and always their decision."

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

- People were happy with the choice and quality of their meals. Comments included: "There are two options and they ask which we prefer, the food is nice" and, "There is enough to eat and drink here. I like coffee and cordial and it is always available. I can make myself a drink whenever I want to. We have a mealtime menu and there is a couple of choices. The food is tasty and always something I like."
- At lunch time the atmosphere was calm and relaxed. Staff sat with people which made it a social experience and offered encouragement and assistance when it was required.

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

- People were supported to access healthcare professionals such as doctors, district nurses, dieticians, opticians and chiropractors.
- Healthcare professionals confirmed staff worked with them to achieve positive outcomes for people. One healthcare professional told us, "I find my recommendations are followed and I don't have any problems with them not following my advice. They do not overcall the surgery for things but definitely call when it is required."
- People told us staff helped them to attend and arrange healthcare appointments. One person told us, "Staff support me to the doctors if I need."

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

- People's needs were assessed before they moved to the home.
- Assessments included people's care and support needs, personal preferences and life style choices.

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

- People had their own rooms, which they could personalise to their tastes.
- People had space to socialise with others, receive visitors, eat in comfort, participate in activities or spend time alone if they wished to.
- The provider had recently changed one of the communal rooms into a kitchen area, so people could make their own snacks and drinks with staff support. One relative told us, "You walk in, it is beautifully decorated."
- People had access to outside areas which were decorated with items to engage and stimulate their interests.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to good. Although people were truly respected and valued as individuals, staff had not always received the support they required in their role.

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

- People told us staff were caring and compassionate. Comments included, "The staff are marvellous, good as gold. It doesn't feel like they are staff to be honest with you" and, "I have come a long way. Staff have really helped with my self-esteem" and, "I feel the staff are excellent, they really care about me."
- Staff were referred to as 'co-living workers' as the provider was keen to ensure the experience people living at the service had was the same as living in their own home. These values were embedded within staff practice so people felt they were living with their family rather than having staff coming into their home. One staff member told us, "It really is like a second family here. This place has my heart. You feel like you're at home. We do everything together."
- Relatives gave very positive feedback about the care their loved one received. One relative told us, "The staff give genuine love to the residents. It is not done for our benefit as I always turn up unplanned. It is natural. There is so much love given to people, it is wonderful to see." Other comments included, "All of the staff show the same level care, it is amazing" and, "We are delighted and bowled over. There is a good number of staff and the care the staff deliver is second to none. Nothing is too much trouble."
- The care provided to people sometimes exceeded expectations. One person living at Merevale had a passion for playing music and was trained to the highest degree. During our inspection visit we observed many occasions when this person played the piano to others living in the home. This created a joyful atmosphere where other people sang, danced and put in their requests for favoured songs. This person's relative told us, "[Person] is absolutely incredible at playing the piano. They say with Alzheimer's your muscle memory is the last thing to go so it is such a joy to see he still has this skill. As soon as the owner found [person] could play, a piano was bought immediately and by our next visit it was here. I haven't got a bad word to say about this place. I love seeing my dad here and how included he is."
- One relative told us the caring nature of staff had reduced their loved one's anxiety. They explained over the course of one week of living at Merevale, their loved one had stopped showing signs of agitation, and their anti-psychotic medication had been successfully stopped. They told us, "They are no longer so distressed, and I put that down to the quality of care they receive. When [person] told me they liked it here, it was just magic."
- It was clear the staff and management team were dedicated and passionate about people. Staff had developed warm relationships with people and their families. One staff member, "I would be happy for my loved one to live here. The staff that work here do their best to make sure everyone is happy. It would be hard to get a more caring staff team."
- Some people living at Merevale had been diagnosed with a dementia type illness early in their life. The provider was aware those people often had parents who had their own healthcare issues they had to

manage. One person had previously supported a parent's ill health prior to their own diagnosis. When an empty bed was available, the provider offered free respite care for the parent to support the family relationship. On Christmas Day the provider had driven the person to their parent's home so they could celebrate Christmas together.

- Equality and diversity needs were celebrated. Records demonstrated people were treated equally and their values were respected whether this be matters of religion, culture, ethnic origin or sexuality. One relative told us they were unable to attend their loved one's birthday party, but the staff arranged for a video link, so they felt part of the celebrations. This relative told us, "That was pretty special and meant a lot."
- One staff member told us they felt the provider really cared about them. They said, "It is fantastic here it really is. I feel valued and cared about. It has given me back faith in the care system." However, staff had not always been given appropriate support to manage situations when they escalated.

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

- Staff helped people express their views. We observed one staff member assisting a person to eat. This staff member asked the person what food items they would like on their fork and waited patiently for the person to choose.
- One person told us, "They are very good here. They word things in the right way. They might say 'could you do this' rather than 'you need to, or you have too.' They always allow us to make the final decision."
- One staff member told us, "Dementia isn't always plain sailing. It is important we talk to people and explain what is happening and why we are doing it. It is their life and always their decision."

Respecting and promoting people's privacy, dignity and independence

- People were respected for who they were and were treated with dignity and respect at all times. One person told us, "The staff treat me with dignity and respect without a doubt. There are not many people with my condition that have the life I do." Another person told us, "They make me feel more than comfortable during personal care. I never thought I would get used to that but the way they do it you don't even notice they are there."
- Some people lived at Merevale for a period of rehabilitation after a crisis in their mental health. Over a period of nine months, one person's health had improved to such an extent they had felt able to gain further qualifications and purchase their own car. With psychological and financial support from the provider, this person was setting up their own business and looking forward to moving into their own home.
- The provider had supported another person to renovate and decorate their new home before moving into it. This person was completing an apprenticeship and was busy making plans for the next phase of their life.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has deteriorated to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan which set out the care and support they required. The new managers had identified changes in people's needs had not always been captured in reviews of their care plans. The new managers had started to review care plans to ensure they were truly reflective of people's preferences based on their current care needs.
- Staff knew people well and were able to respond quickly to support them. For example, two members of staff immediately attended to a person who was upset and wiped away their tears with a tissue. The staff quickly identified the person was missing their relative and reassured them by stroking their arm and reminding them of how much their relative loved them.

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

- During our visit we observed people on all three units engaged in meaningful occupation. There were objects to occupy people's minds and hands such as therapy dolls and rummage boxes and staff had time to sit and chat with people.
- People were encouraged to maintain their hobbies, interests and skills. One person told us, "They do everything they can to keep you occupied and interested in things. We do arts, colouring, knitting, lots of things."
- People particularly valued the opportunity to go out when they wanted to because staff support was always available. People told us about trips into town, visits to coffee shops and walks along the canal which ensured they were not socially isolated.

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.

- Information about how people communicated was included in their care records. From our observations staff understood which people required additional help and how to support them.
- One member of staff explained how they used visual prompts such as pictures to help people make decisions.

Improving care quality in response to complaints or concerns

- The provider had a formal complaints procedure with a copy displayed in the communal areas. No formal

complaints had been recorded in the 12 months prior to our inspection visit.

- People told us the provider was responsive if they raised any concerns. One person said, "No complaints what so ever. If I need to complain I would speak to a member of staff, they are very approachable and listen to what I have to say."
- However, during our visit we saw in one person's records that a relative had raised concerns about the standard of personal care their family member had received. The new managers committed to implementing a system to capture informal concerns, so they could monitor for any trends or patterns and share learning with the wider staff team.

End of life care

- At the time of our visit, nobody was receiving end of life care.
- Where people had made decisions about the care they wanted should a medical emergency occur, this was recorded in their care plans. One relative told us, "[Name's] health deteriorated and they all sat me down to discuss everything we wanted and how we wanted the care to be handled."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Requires Improvement. Whilst overall people had continued to receive person-centred care the service management and leadership had been inconsistent.

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

- The provider had a strong track record of delivering high standards of care which provided very positive outcomes for people. However, since our last inspection at Merevale, there had been significant changes in the senior management team, and from what we saw and heard, this had impacted on how the home was managed and run on a daily basis.
- Routine health and safety checks had not been maintained since December 2018.
- Systems and audits had not ensured all medicines were managed safely.
- Care plans had not been reviewed effectively to ensure they accurately reflected changes or increased risks in people's physical or mental health.
- Accident and incidents had not always been recorded in line with the provider's policies or procedures. The new managers were unable to provide us with copies of any accidents and incidents that occurred before May 2019 so therefore the records were not complete. Following our visit the provider assured us the records had been completed, but acknowledged they were not available to the new managers.
- There had been no effective system for reviewing accidents and incidents to identify any trends or patterns and to ensure potential safeguarding incidents were referred to the local authority.
- A failure to maintain a central record of approved Deprivation of Liberty Safeguards (DoLS) meant the new managers could not confirm whether three people's DoLS had expired and a new application submitted.
- Staff had not received effective support to ensure they could complete their allocated roles competently and effectively. The provider's policies and procedures on staff training, support and supervision had not been followed.
- The provider had not ensured good governance had been maintained to ensure systems were assessed monitored and used to improve the quality and safety of the services provided.

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

- Registered providers and registered managers have a legal responsibility to inform us (CQC) about any significant events that occur in the home including any serious injuries or safeguarding events.
- During our inspection we identified four safeguarding incidents that had not been reported to us as required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4): Notification of other incidents

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

- Despite the issues regarding the governance of the home, people had continued to receive levels of person centred care that achieved positive outcomes for them.
- The provider was committed to ensuring people had the best life possible. They explained, "My focus has been on what is really important and what I couldn't bear was for people to not live well here. I made a decision we had to ensure people lived well. It doesn't excuse the fact we haven't met the tasks elsewhere but that has been my focus."
- The focus on providing person-centred care was confirmed by people and relatives. One relative commented, "I would say it is his (the provider's) passion for the job and his passion for people with difficulties. He understands first-hand how difficult it is to be a relation to a person living with dementia. It is the care that he and the team take of the families as well as the people who live there. They want everyone to be part of the journey going on and they want people to be stimulated."
- The new managers and staff shared the provider's vision of providing people with a home where they could live an interesting life with maximum choice and freedom.
- Case studies demonstrated some people had been supported to maximise their potential and gain confidence to live their lives they wanted to.

Continuous learning and improving care;

- Throughout our inspection we found the provider to be honest, open and transparent about the issues they had faced over the previous 12 months. They were receptive to our feedback and demonstrated a strong commitment to making the required improvements to address the issues we brought to their attention.
- The provider was supporting staff to improve and develop the service. A new management team had been appointed which would provide stability in the future. Staff spoke positively of the new managers. One commented. "They are always downstairs making sure everyone is okay. They are very visible and any issues the come down."
- The new management team had already developed an action plan to ensure the service achieved compliance with the regulations.

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

- The provider understood each person's preferences and background and encouraged them to live their lives as they wished to.
- The new managers were keen to gather the views of staff to drive improvement in the home. Regular meetings were held to share information and encourage staff to contribute ideas to improve outcomes for people.

Working in partnership with others

- The provider continued to develop community links with a view to further improving care and support for people and to enhance people's life experiences.
- Social workers, commissioners and professional were welcomed in support of people's care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>Regulation 18 Care Quality Commission (Registration) Regulations 2009 Notification of other incidents</p> <p>The provider had not notified us of abuse or allegations of abuse</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always done all that was reasonably practicable to mitigate risks and had not always ensured the safe and proper management of medicines.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider's systems and processes had not been operated effectively to identify, investigate and report allegations of abuse.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

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The provider's systems and processes were not always effective in assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity. The provider's systems and processes did not always assess monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk.