Bournville Grange Limited

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Inspection report

168 Oak Tree Lane
Bournville
Birmingham
West Midlands
B30 1TX

Tel: 01214722213

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this unannounced inspection on the 17 and 18 October 2017. Bournville Grange provides care for up to 27 older people some of whom are living with Dementia. At the time of the inspection 22 people were living at the home. We last inspected this home in April 2017 where the service was rated as 'Requires Improvement.' We also found that the provider was in breach of the law in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection we asked the provider to send us an action plan detailing what actions they would take to improve the service, which was returned to us when requested. This inspection was undertaken to ensure the provider had met their action plan and was meeting the regulations.

The registered manager had left the service at the time of our inspection but had not yet applied to cancel their registration. 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. A new manager was in post who informed us they would be applying to be registered.

We found new audit and quality assurance systems had been introduced into the service. However, we found these systems were still not adequately identifying the areas of improvement required within the service. We also saw there were systems and processes in place to protect people from risk but these needed to be more robust. We found examples where they had not protected people. We identified that these issues were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

People told us they felt safe living at the home. Staff were confident they could approach the registered manager with any safeguarding concerns and that their concerns would be addressed. There were enough staff available who had been suitably recruited to help protect people living at the home. Staff told us they had received sufficient training and felt supported in their role. Some people were living with dementia and were supported by staff who had some knowledge of how to support people living with this condition.

People received their medicines from staff who had received training in how to do this safely and the provider had systems in place to monitor the safe administration of medicines.

People were supported to make choices. People's consent was sought regarding their care. Improvements had been made to ensure adherence with the requirements of the Mental Capacity Act 2005 (MCA).

People had access to regular healthcare and the service was responsive when people's needs changed. People were offered choices around their meals and told us they enjoyed food at the home. Further improvements were required to ensure people all had a pleasurable meal time experience.

People told us they felt cared for and were happy with the support they received from the staff team. Staff enjoyed working with the people who lived at the home and knew people's preferences for how their care needs were to be met.

While individual interactions with staff were often still kind and compassionate, people did not consistently receive a caring service. People were usually treated with dignity and respect and wherever possible people were encouraged to retain their independence. People had the opportunity to partake in some activities in the home based on their interests.

People who lived at the home and their relatives were encouraged to share their opinions about the quality of the service. We saw that the provider had a system in place for dealing with people's concerns and complaints. People and their relatives said they knew how to raise any concerns and most were confident that these would be taken seriously and looked into.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded. You can see what action we told the nominated individual to take at the back of the full version of the 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.

Risks people lived with had not been fully assessed to ensure that people received the support they needed to stay safe.

People were protected by a staff team who understood how to protect them from potential abuse.

People were supported by sufficient numbers of staff who had been recruited safely.

People received their medicines safely and as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Food and drink was provided that helped people stay well nourished, but improvement was needed to ensure people had a pleasant meal time experience.

Arrangements were in place to provide staff with the training they needed for their roles.

People told us they were supported with daily choices and practice followed the principles of the Mental Capacity Act (2005).

People had access to healthcare when needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

This inspection identified that while individual interactions with staff were often still kind and compassionate, people did not consistently receive a caring service.

People were encouraged to retain their independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Systems had not ensured effective assessment and care planning for all people.

People had access to activities they enjoyed.

There were systems in place for people to raise concerns or complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Further progress was required to embed and sustain the improvements we saw and to ensure quality monitoring systems were effective in identifying further areas for improvement.

There was no registered manager in post.

People were happy with the management of the service and staff felt supported in their roles.

Bournville Grange Limited

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 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.

This unannounced inspection took place on 17 and 18 October 2017. On the 17 October the inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has experience of caring for someone who uses this type of care service. On the 18 October the inspection was carried out by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We reviewed the information from notifications to plan the areas we wanted to focus our inspection on. We had received feedback from the local Clinical Commissioning Group's medicine team, the local safeguarding team and from the local authority who commission care for people living at the service. We used this feedback to help plan our inspection.

We visited the home and met with all the people who lived there. Some of the people living at the home were not able to speak to us due to their health conditions and communication needs. We spent time in communal areas observing how care was delivered and 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 six people who lived at the home, four relatives and one healthcare professional who was visiting the service at the time of the inspection. We also spoke with the nominated individual, the manager, the general manager, four care staff, the activities organiser and a member of staff who had dual role of care staff and cook. We looked at records including parts of four people's care records. We looked at two staff files to review the provider's recruitment process. We sampled records from staff training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality and safety of

the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in April 2017, we found the provider needed to make improvements under the key question of 'Is the service safe' because risks associated with people's care had not always been well managed such as the risk of choking and the recruitment of staff was not consistently robust. We also found that the provider had not ensured systems were in place to investigate safeguarding incidents robustly, or consider if any action could be taken to reduce the possibility of a similar incident occurring again. At this inspection we looked at the actions taken following two safeguarding incidents. These showed improvements had been made as actions had been put in place to reduce the risk of re-occurrence. For example, in response to a previous medicines error a system of daily medicine checks had been implemented.

We looked at how the service managed potential risks to people. We found that for one person recently admitted to the home their initial assessment lacked detail and that the service had not completed risk assessments or care plans for the person. Whilst the staff we spoke with were aware of the person's significant risks the lack of care records meant that not all staff may be aware of some the risks for this person and so may not be able to offer consistent care to keep the person safe from harm.

We looked at how the risks of choking or aspiration in relation to three people's nutritional needs were managed. One person was receiving their meals in line with their assessed needs but we found that two people would have been at risk. One person who was at risk of choking had contradictory information in their care records. Whilst all of the staff we spoke with told us the person should have a fork mashable diet we saw that they were offered food that was not fork mashable. The manager checked with the GP during our inspection visit and found out that the person had not had a formal assessment of their swallowing needs by a Speech and Language Therapist (SALT). For another person, there was a SALT assessment in place that recorded that any bread they were given should have the crusts removed due to risk of aspiration. We saw they were given bread by staff with the crusts attached. This meant people were potential at risk of choking or aspiration and this was an issue that had also been identified at our inspection in April 2017.

One person's living accommodation was accessed via the garden area with no covered shelter from the main part of the home to their living accommodation. Discussions with staff and managers of the service showed there was no written assessment about how potential risks were managed. Whilst this had not previously had a negative impact our discussions indicated that the risks posed by inclement weather such as snow and ice may not be managed consistently. There was no shared understanding of how the risk would be managed by the staff we spoke with.

Where accidents or incidents had occurred records indicated that immediate checks had been undertaken on the person's well-being. However, we saw that there had been no further analysis of accidents to determine if there were any patterns or themes and if any preventative measures could be put in place to reduce the chance of them occurring again.

The provider had not taken appropriate steps to ensure that there were sufficient measures in place to keep

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

Relatives were happy with the support their relative received and with their safety. One relative told us how a person was supported by staff to walk safely with the use of a walking aid. They told us, "There's always someone [staff] with her." Some of the people we met were unable to stand or walk independently and relied on the support of staff and specialist equipment to change position or to move. The interactions of the staff were kind and encouraging. We saw staff use the hoist to lift people. The staff undertook these manoeuvres carefully and while offering reassurance to the person. People's risk assessments had clear information on the safe use of the hoist. Staff told us that where people were at risk of falls from bed they put beds on their lowest setting with the use of crash mats to reduce the risk of serious injury.

People living at the home told us they felt safe with the support they received. One person told us, "It's quite pleasant, I'm safe and happy." Another person told us, "I feel safe, no worries." Several people told us that if they had any worries they would tell the manager. People were supported by staff who had a good knowledge of the signs of abuse and who could describe the action they would take should they have concerns. Staff told us they had been provided with training on how to safeguard the people living at the home. The manager understood their responsibilities for reporting any safeguarding concerns that arose to the local authority.

People told us there were staff available to respond to requests for support and one person told us, "Enough staff? I would say enough." Another person told us that previously there had not always been enough staff but that currently there was sufficient staff to meet their needs. A relative told us, "Staff do support people, there are enough staff." We saw that staff were available to support people when needed and our discussions with staff confirmed this. Staff informed us that generally there were sufficient staff available to meet people's needs. One member of staff told us, "Staffing levels are okay." The manager told us that staffing levels would be re-assessed should people's needs increase or the number of people living at the home increased.

We looked at how the provider was recruiting new staff members. We saw that recruitment practice had improved. A range of pre-employment checks were being completed prior to new staff members starting work. This included identity, reference and Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to review a potential employee's criminal history to ensure they are appropriate for employment.

Systems were in place to help keep people and staff safe in the event of a fire and to promote the health and safety of the building. We asked staff about the action they would take in the event of an emergency such as in the event of a fire. At our last inspection some staff were not confident in knowing what their responsibilities were or appropriate action they would take. At this inspection the staff we spoke with were able to confidently describe the evacuation procedures.

We looked at the way medicines were stored, administered and recorded. Medicines were securely stored in lockable trolleys or cupboards as appropriate in a dedicated treatment room. This kept people safe from accessing medicine inappropriately. Records suggested that people had received their medicines as prescribed. The administration of medicines was checked through auditing processes to ensure people were protected unsafe medicine practice.

We had received information prior to the inspection from the local clinical medicines team that they had identified medicines management had improved since their last inspection of the service. People were

happy with the support they received with their medicines and one person told us, "Staff give them to me on time." A relative confirmed to us that their family member received the topical creams they needed for their skin care.

Staff informed us they had received training to aid their understanding of safe medicine management. At the last inspection in April 2017 we were informed that the service was introducing competency checks for staff. We saw this had now been done. Assessing the competencies of staff is a further way of ensuring staff have the skills and knowledge required to safely support people with their medicines.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we completed in April 2017, we found the provider needed to make improvements under the key question of 'Is the service effective' because staff had not been provided with all the training they needed for their roles and staff practice did not always follow the principles of the Mental Capacity Act 2005 (MCA) At this inspection improvements to staff knowledge had been made.

At our last inspection in April 2017 we found that some improvements were needed to the meal time experience for people living at the home. This inspection found that improvement was still needed. Two people needed assistance from staff to eat their meals. We saw that one member of staff was attempting to support both people at the same time, whilst a third person sat between. During the meal another member of staff took over the support. This did not ensure that the individuals concerned had the full attention of the staff member and also impacted on the person who did not require assistance. One of the people who needed support was leaning to the side in their wheelchair, staff did not ensure the person was assisted to move into a more comfortable position to eat until near the end of the meal. Throughout the meal staff stood over people whist assisting them, rather than sitting with them to offer encouragement.

The 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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. We saw that the service had applied for DoLS appropriately where they had identified restrictions on a person's care. Where people's family members had Power of Attorney in place the service had ensured they had evidence of this to ensure people's legal rights were protected.

At our last inspection we had identified that the service was not following the principles of the MCA in relation to a person who was having their medicines administered covertly by staff. At this inspection we were informed that no one was having medicine administered covertly. Our discussions with the new manager indicated they understood the procedures that would need to be followed should covert medicines be considered in a person's best interests.

People told us they were offered choices in their daily care and gave examples of choosing when to go to bed or get up in the morning and if they wanted a bath or a shower. One person told us that staff sought their consent all of the time and that they had the freedom to "Come and go as I want". Staff told us how they used their knowledge of how people made choices to support people with making choices. One member of staff told us, "I always ask if it's okay, I would never like to be in the position of not being asked

[for consent]." Staff told us they had received training in the MCA to aid their understanding.

Some people living at the home were living with dementia. At our last inspection in April 2017 there were limited aids to help people orientate themselves or to support people with their communication. Some improvements had been implemented and further improvements were planned. Signage in the home had been introduced to help people living with dementia orientate themselves in their surroundings and get around independently. Work was also underway to transform a small lounge to a quiet lounge that could also be used for sensory relaxation.

At our last inspection in April 2017 the induction provided to new staff did not cover all aspects of their responsibilities at the home. The provider had since introduced a new induction package that involved new staff in completing a range of induction modules that was suitable to their role. A new member of staff confirmed they were completing the new induction format and also had the opportunity to work alongside more experienced staff to get to know the people living at the home. Staff also had the opportunity to complete the Care Certificate. This is a nationally recognised certificate that sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

At our last inspection we identified that a number of staff had not completed many training courses they needed for their roles such as fire safety and first aid. At this inspection we were informed by the general manager that an external training company had now provided several training sessions for staff, including medication, moving and handling, first aid and safeguarding people from abuse. Staff were now working through a variety of distance learning courses that included epilepsy, dementia and diabetes. One person told us that in relation to staff being trained, "A remarkable percentage of staff know what they are doing." The staff we spoke with were complimentary about the training they had received. One member of staff told us, "There has been a lot in the last six months. It has been more in-depth."

People were happy with the provision of meals at the home. One person told us, "It's fine. There is enough. There are always two choices but I can have something different." A second person told us, "It's marvellous, there is plenty. Two choices. I'm having lamb casserole today. I like chicken but fancied the lamb." We saw staff offering people two choices with their meals for the day. A relative commented to us that the meals always looked appetising. We saw people were offered a choice of drinks with their meal and were offered regular drinks throughout the inspection visit. The food and drinks provided were adequate to maintain good nutrition and hydration.

People told us they had access to routine healthcare that met their needs and were happy with the support they received. One person told us, "The doctor comes if you need him. I go to the optician, oh and the chiropodist comes." The staff we spoke with were aware of people's healthcare needs and records we viewed showed that people had access to regular healthcare.

Requires Improvement

Is the service caring?

Our findings

At the last inspection we completed in April 2017 we assessed the service as 'good' in this key question. This inspection found this standard had not been maintained.

This inspection identified that while individual interactions with staff were still usually kind and compassionate, people did not consistently receive a caring service. The provider had not ensured people always had a pleasurable dining experience. We observed staff feeding two people at the same time. This meant for some people their care was received in a task focussed way rather than a way that promoted their individuality and respected their dignity. Even though the staff indicated they were uncomfortable with providing care in this manner, they continued to do so and did not proactively take action to address the situation and ensure people maintained their dignity whilst receiving support. The admission process had not ensured people could be confident the service was suitable to meet their needs. The provider systems had not ensured people would consistently receive care and support from staff who knew and were able to meet their history, likes, preferences, needs, hopes and goals.

People we spoke with informed us that staff supported them in a dignified way and usually respected their privacy. One person told us, "They knock [on bedroom door] and say are you in?" Another person commented, "Staff never rush me. I go at my own pace." However one person told us that staff did not always knock on their bedroom door.

People were happy with the care they received and told us staff were caring in their approach. People commented positively about the staff who supported them and told us, "They [staff] are very kind, very good, they have a laugh and a joke." Another person described all of the staff as "Lovely."

Relatives confirmed that staff were kind and caring in their approach to people. One relative told us that their family member had a hospital appointment and they appreciated the fact that staff had supported them to take the person to the appointment.

People were supported to retain relationships with people who were important to them. Relatives told us there were no restrictions on when they could visit and that they visited when they wished. Relatives told us that staff made them feel welcome when they visited and gave examples of being offered a drink or a sandwich. We saw that staff took time to speak with relatives and in one example the manager spent time talking with a relative about their own well-being, showing a genuine concern. The manager told us that they had recently organised a 'tea and cake' afternoon that had been well attended by relatives and had given the opportunity to seek their views on an informal basis. We were informed that further similar events would be planned.

Staff told us they enjoyed working with the people who lived at the home and they spoke about the people they supported with affection. We saw that staff were frequently checking and asking people if they were okay and if they were at a comfortable temperature. Staff we spoke with were able to tell us people's likes and dislikes and their interests and hobbies.

Staff were able to describe action they took to preserve people's dignity such as seeking consent from people before supporting them with personal care and providing explanations to people about the support they were receiving. We saw some examples of staff protecting people's privacy and dignity by knocking on toilet and bedroom doors before entering. We also saw examples of staff whispering discreetly to people about if they needed to go to the toilet.

People were supported to retain their independence wherever possible. One person told us how staff encouraged them but added, "But they are not pushy either, they are very good." Another person told us, "Once they understand your capabilities you are given respect to do what you can." One person told us about how they liked to assist staff in laying the tables at meal times and were fully involved in caring for the home's pet cats and birds. People told us their religious needs were met as a leader from their chosen faith attended the home on a weekly basis.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we completed in April 2017 we assessed the service as 'good' in this key question. This inspection found this standard had not been maintained.

We looked at the assessment process followed for one new person to the home. Whilst the provider had a copy of the person's funding authority assessment, we found that the pre-admission assessment completed by the service prior to the person moving in had been completed several months before. The information in parts lacked detail or conflicted with information on the local authority assessment. This meant that a full robust assessment had not been completed to determine if the service could meet the person's needs. A healthcare professional who was visiting the person told us they were concerned that their needs exceeded what the home was able to provide. The person had been at Bournville Grange for a week but at the time of our inspection visit there was no care plan in place for the person, however the staff we spoke with were aware of the significant risks and support needed by the person. The manager commenced completing care plans for the person during our inspection visit when we raised this as a concern. Following our inspection, following a hospital admission it was identified that this person required nursing care. This confirmed that the assessment process had not been effective, at ensuring the home could provide a service to safely meet people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care

Prior to our inspection the provider told us that they had completed the process of updating and reviewing people's care plans. However, at our inspection visit the manager told us that following a visit from the local authority commissioning team they were now updating care plans to act on recommendations given. The provider had moved a senior member of staff from another service to help in achieving this task and we were informed it was hoped to finish the new plans by the end of October. We saw that people and their relatives took part in annual reviews to reflect on whether people were happy with the care they were receiving and to determine if people wanted any parts of their care to be changed.

We saw that during our inspection visits staff were responsive to people's requests for support. For example one person said they were cold and so staff immediately went to fetch them a blanket. A health care professional provided an example of staff being responsive to the needs of two people who required support in relation to pressure care. They told us that staff had sought their advice and were responsive to the advice given. For one person, this had resulted in the pressure sores they had on admission to the service being much improved.

The service had developed systems to enable staff to be informed of changes in people's care. We observed a handover take place between the morning and afternoon staff. We saw that important information was shared between the staff teams about people's changing needs and when appropriate where people needed additional monitoring. These systems ensured a continuity of care for the people living at the home.

We looked at the opportunity people had for meaningful activities of their choosing. People told us that they were happy with the activities they took part in. One person told us, "I knit and I join in the activities, I like

the keep fit." Another person told us, "I decide what I want to do, I join in all the activities." People told us they had been out on trips, one person told us about a trip to the theatre that they had enjoyed. A relative told us that their family enjoyed taking part in the sing-alongs that took place in the home.

We saw that people had access to jigsaws and daily newspapers and some people enjoyed watching television. The service had an activities co-ordinator who undertook some individual and group activities with people. During our visit some people were being supported to make masks for Halloween which people told us they had enjoyed. We saw that where one person was being cared for in bed the activities co-ordinator spent some time interacting with them to help reduce the risk of isolation.

We looked at the procedures for people to raise concerns or complaints. People and their relatives told us they felt able to raise concerns they may have and felt assured they would be dealt with. One relative told us that any issues they had raised had been responded to and addressed. Two relatives said they had concerns about items of clothing going missing in the laundry. Our discussions with the manager showed they were aware the laundry procedures needed to be improved and they were able to demonstrate they were already taking action to address this.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we completed in April 2017, we found the provider needed to make improvements under the key question of 'Is the service well-led' because the quality monitoring systems in place were not effective or robust. The registered provider sent an action plan following our inspection outlining how they would address our concerns. At this inspection, we identified improvements in these areas. However we found that further improvements were required to ensure the consistency of improved practice and to ensure areas where improved practice was needed were identified.

The provider's action plan recorded that pre admission assessments of potential new residents would be more comprehensive, to ensure the home could suitably meet their individual needs before accepting them. It was intended that senior manager's audits would check this was happening. The audits we were provided with did not show any checks of pre-admission assessments and the admission process of a recently admitted person was not robust. The action plan also recorded that care plans and risk assessments had now all been updated, however this was still in progress at the time of our inspection visit. The provider's action in this area had not been effective and we observed that assessments were not always robust and people were admitted whose needs could not be met

our inspection in April 2017 identified some concerns around how the risks of choking or aspiration in relation to people's nutritional needs were managed. This inspection found these concerns had not been addressed. Audits showed that people's views of meals were sought but we were not made aware of any systems in place to check that staff were providing food of the correct texture to people. Systems to effectively analyse accidents to determine if there were any patterns or themes had still not been introduced.

Throughout our inspection we found that the manager was receptive to feedback and had taken some actions during our inspection to address concerns. However this was a reactive approach to issues that should have been identified and addressed through the provider's own quality monitoring processes.

The lack of effective systems to manage risks and to monitor and improve the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did find that some issues identified from our last inspection in April 2017 had been rectified. Systems were now in place to ensure staff were recruited, inducted and trained effectively had been introduced. Systems to check the safety of the building had also improved. At our inspection in April 2017 we identified that the restrictors on some windows were not suitable or safe for use. At this inspection we saw that checking of window safety had been included in provider audits.

The manager and general manager had some knowledge of the regulations but this needed further development. They were not fully aware of the requirement to inform us of the outcomes of DoLS applications and in one instance there was a delay in sending a notification of an allegation of abuse.

Discussions indicated they had not been aware this was required as the incident was something the Commission was already aware of. We saw that the provider had followed requirements to ensure their inspection rating was displayed within the home and on the provider's website, however the inspection report on display in the service was not the most up to date one. This was immediately rectified when brought to the manager's attention.

The registered manager had left the service at the time of our inspection but had not yet applied to cancel their registration. A new manager was in post who informed us they would be applying to be registered. Staff told us that recent changes had been positive. One staff member told us, "Morale is good. The atmosphere is the best it has been. [Manager's name] is really supportive." Another staff member told us, "[Manager's name] has been positive for the home, I'm able to raise concerns, make suggestions and I feel listened to."

Formal staff supervision had not taken place since the registered manager had left the service, but staff told us they felt supported. One member of staff told us, "I do feel supported, I did not feel that way before. It's about six months since I had supervision but [Manager's name] is constantly giving feedback to us."

People had the opportunity to feedback their views of the service through meetings that were held and through the provider audit systems. We were informed that the service had recently sent out questionnaires to relatives and staff to seek their views and were awaiting the return of these before analysis commenced. The manager was also in the early stages of introducing a 'resident of the day' system where staff would focus on one person's experience in the home every day, to include seeking their feedback.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured the assessment process prior to admission would ensure a person's needs could be met and their care and treatment effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not always ensured that risks to peoples safety and comfort had been identified and/or addressed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes had not always identified the shortfalls found within the inspection. Where shortfalls had been identified, the provider had failed to respond to these in a timely manner in order to promote the safety and comfort of the people living at the home.

The enforcement action we took:

We imposed a condition on the provider's registration telling them what action that needed to take in order to promote the safety of people living at the home.