

HC-One Oval Limited

Cold Springs Park Care Home

Inspection report

Cold Springs Park
Penrith
Cumbria
CA11 8EY

Tel: 01768890360

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12 February 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6 and 12 February 2018. The first day of the inspection was unannounced.

At the last comprehensive inspection in June 2017 we found the provider had breached Regulations 8, 9, 10, 11, 12, 13, 14, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people did not receive safe care and treatment and were not always protected against the risks of harm or abuse. Medicines had not always been safely administered and managed. People did not always receive the support and monitoring they needed to ensure their nutritional needs were met. There was insufficient equipment to support people in a timely manner with their mobility needs. Complaints had not been responded to appropriately and accidents and incidents had not always been reported. Staffing levels were not always sufficient to meet the needs of the people who lived at Cold Springs Park. This meant the provider's own system to assess, monitor and improve the quality and safety of the service were ineffective because they had not addressed these concerns.

The service was rated as Inadequate and placed into special measures by the Care Quality Commission (CQC). We imposed an urgent condition to suspend admissions to the home on the provider's registration. This meant new people could not move to the home until the service was deemed to have improved. We asked the provider to complete an action plan to show what they would do and by when to improve the service. Following the inspection, the provider sent us an action plan showing how they would address the breaches and concerns we had identified.

We carried out a focused inspection in August 2017 because of concerns about night staffing levels. At that inspection we found staffing levels were appropriate to meet people's needs. We also looked at a sample of records, including accident and incident reports, and checked whether staff were aware of out of hours safeguarding reporting processes. We found some improvements in these areas but we could not change the rating at that time because it had only been a short time since our previous visit and to do so requires consistent good practice over time.

Since the last inspection this home and many others operated by the previous provider (BUPA) had been taken over by another provider (HC-One Oval Limited). The running of the service and the employment of the staff transferred to the new provider in December 2017.

We carried out this inspection in February 2018 to check whether the provider had complied with the imposed conditions and had met the breaches which were identified at our last inspection. During this inspection we found improvements had been made with only a small number of areas for additional attention. We concluded that sufficient action had been taken to make sure people were safe. We agreed that the conditions imposed upon the provider's registration could be removed. The service was also taken out of special measures.

Cold Springs Park is a 'care home'. People in care homes receive accommodation and personal care as

single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home can accommodate up to 60 people across two separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. There were 35 people living at the home at the time of this inspection. All the accommodation is on ground level and it has level access throughout.

There was a registered manager in place. 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 said they felt safe and comfortable at the home. Staff knew how to recognise and report any suspicions of abuse. The management team acted on any concerns to make sure people were protected.

Potential risks to people's safety were assessed and managed. People's medicines were managed in a safe way. The premises were clean, warm, comfortable and well-maintained. There were lots of different seated areas for people to spend time in and there was level access out into the secure patio gardens from all areas of the home.

Staff felt they were trained, supervised and supported in their roles. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People received good support with their meals and the dietitian services felt people's nutritional well-being had significantly improved. Some people did not get enough choices because they had special textured food, for example pureed. The management team agreed everyone should have meal choices. People were assisted to access health services when they needed them and the staff team worked well with health care professionals.

People and relatives told us all the staff were friendly, caring and helpful. They said staff treated them with dignity and respect. Staff reassured people and protected their privacy when supporting them with personal care.

Staff engaged people in discussions and activities, and supported them in a way that upheld their dignity. Relatives said staff were kind and were also supportive of family members.

There were care plans in place to guide staff in meeting people individual needs. However, some of the information was inconsistent so staff might have provided the wrong care. We made a recommendation about this. All the staff, including care staff, cooks and cleaners, were very familiar with people's preferred lifestyles and daily well-being.

There were opportunities for people to go out into their local community as well as social activities and events in the home. People and staff felt that the number of activities had much improved because there were now two activity staff, one for each unit.

People, relatives and staff felt there an open and friendly culture within the service. They were asked for their views about the home and felt these were listened to. The new provider was introducing its robust quality assurance system at the home to make sure the service remained safe for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to meet the needs of the people who lived there but people and staff were concerned that this would not be sufficient when more people moved to the home. We have made a recommendation about keeping staffing levels under review in line with the dependencies of current and future people.

People felt safe and staff knew how to report concerns.

Medicines were well managed and the home was clean, warm and comfortable.

Is the service effective?

Good ●

The service was always effective.

There had been improvements to the way people were supported with their nutritional and hydration and further improvement was planned around menu options.

The design of the home was improving with better orientation of people living with dementia, although further improvement was needed to make information accessible.

Health care professionals gave positive feedback on how staff supported people.

Is the service caring?

Good ●

The service was caring.

People and relatives felt staff were kind, caring and friendly.

People were given time to go at their own pace and were not rushed when being assisted.

Staff were attentive and helpful when supporting people with their care needs.

Is the service responsive?

The service was not always responsive.

There were plans in place to guide staff in supporting people with their individual needs, but these were not always accurate.

Activities had improved. People had more opportunities to take part in fulfilling pastimes and had links with the local community.

People and visitors were encouraged to comment on the home and there was a complaints procedure in place. The way complaints were managed had improved.

Requires Improvement ●

Is the service well-led?

The service was not fully well-led.

The new provider and management team had worked hard to improve the service. There were still some areas to address, including accurate records of people's needs so they did not receive inconsistent care. The provider had plans to do this over the next few months.

Staff enjoyed working at the home and felt supported by the management team. This was reflected in their positive and friendly approach towards people and their families.

People and relatives felt said the management team was open and approachable. People and relatives said they were encouraged to make suggestions about the service.

Requires Improvement ●

Cold Springs Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 6 and 12 February 2018. The first day of the inspection was unannounced which meant the provider and staff did not know we were coming. The second day was announced.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and statutory notifications sent to us about the events and incidents that happened at the service. Notifications are changes, events or incidents the provider is legally required to let us know about. We had regular contact with the commissioners of the relevant local and health authorities and the local safeguarding authority to obtain their views of the services delivered at this home. We also contacted community health care professionals who regularly visit the home.

During the inspection we spoke with four people who used the service and seven relatives who were visiting. We observed a lunchtime meal in a dining room. We observed how staff interacted with people as they went about their work.

We spoke with the manager, deputy manager, a unit manager, a senior care worker and five care workers, a cook, two domestic workers, two activity staff and a maintenance staff.

We looked at five people's care files, and also looked at medicines records and food diaries. We viewed the

training records relating to all members of staff and the quality monitoring reports carried out by management since June 2017.

Is the service safe?

Our findings

At the inspection in June 2017 we found the provider had breached a regulation relating to staffing, risk management and medicines. At that time there were not enough staff on duty to support people, especially through the night. This meant people had to wait for long periods for assistance with personal care or mobility. We rated this key question as inadequate and took urgent enforcement action. We placed conditions on the provider's registration to minimise the risk of people being exposed to harm. We stated they could not admit anyone new to the service.

At our focused inspection in August 2017 we found staffing levels had improved. Since then the number of people at the home had reduced and the provider had maintained the same staffing levels. This meant the improved support for people had been sustained and the provider was no longer in breach of this regulation. At the time of this visit there were 35 people living at the home across two separate units. There were between eight to ten care staff on duty through the day and six care staff on duty through the night. This was sufficient to meet people's needs at that time.

People and relatives we spoke with felt there were enough staff on duty to support people. One relative told us, "There seem to be enough staff – they're always around if you need them. It's better than it was because there aren't as many people."

During this inspection there was a timely response to call bells, although there were very few occasions when they rang. Throughout the inspection we saw staff supported people in a calm and unhurried way. We saw staff were present in lounges and other communal areas where they could supervise people's well-being. When people were walking around and as soon as they needed assistance there was always staff close at hand.

Staff told us that they were able to spend more time supporting people but were concerned that this may not be sustainable if the home reached optimum occupancy. Some relatives were concerned that when new people moved to the home the staffing levels would no longer be enough to support people. One relative told us, "I'm worried that when they start admitting more people it will go back to how it was before." Another relative said, "Staffing was a real issue last year because there were too many people with too many needs. If it starts filling up, staffing needs to be better managed."

The manager told us the provider had a staffing tool that would be used in future to check that staffing levels met the dependency levels of the people who lived there. The manager was also clear about assessing new people's needs to make sure their needs could be met by the service. In the meantime the current staffing levels would be maintained until the home was able to begin admissions of new people.

We recommend that, after the removal of the condition to restrict admissions, staffing levels are kept under continuous review to make sure people's needs are supported in a timely way.

At the inspection in June 2017 there was also a shortage of hoists as one was out of action leaving just two

available for both units. This meant people had to wait long periods until the hoist or sufficient numbers of staff were available. During this inspection we found this had improved and there were now four hoists in the home to support the eight people who currently required such equipment. There was also a range of assisted bathrooms and toilets to support people with mobility needs.

The building was well maintained and safety certificates were up to date. Equipment used at the home was regularly checked and serviced, for example, the passenger lift, hoists and specialist baths. Routine safety checks and repairs were carried out on the fire alarm and water temperatures. External contractors carried out regular inspections and servicing of fire safety equipment, electrical installations, gas appliances and the safety checks on small electrical appliances.

At the inspection in June 2017 we found potential risks to people's well-being were not well managed. Risk assessments had not been routinely reviewed after accidents and falls. Some falls had not been reported to the relevant agencies and no further action was taken to minimise the risk of further falls.

During this inspection we found risk management had improved. For example, falls were recorded and reported appropriately and people's needs were kept under review. Other control measures had been put in place to reduce the risks to people, for example, sensor mats in bedrooms and wherever a person was sitting so that staff could be alerted to their movement. The manager confirmed that falls had reduced dramatically and this continues to be monitored closely by the management team.

The heads of department now held daily meetings to discuss people who may be at risk, for example due to falls, nutrition, skin integrity or infections. This meant the management team had a constant overview of people's priority needs and how these were being supported. Accidents and incidents were analysed monthly to check for any trends. Monthly management reports (called quality returns) were also sent to the provider which included details of any accidents, weight loss, infections and staff issues. This meant the provider was able to monitor any changes or increased risk or dependency in the home.

At the last inspection in June 2017 we found the arrangements for the management of people's medicines were not always safe. That was because gaps in recording systems meant that it was not always possible to confirm that people had received their medication, particularly creams and ointments, as their doctor had prescribed. During this inspection we found the management of medicines had improved.

Medication administration records (MARs) were completed accurately by staff, and had been audited by the service. We counted a sample of medications and found that all stock balances corresponded to what was recorded on the MARs. Topical creams and lotions were recorded on the MARs and there was a separate file to record when these medicines are applied. There were also body map records to show where the cream or lotion was to be applied.

At a previous inspection, carried out in June 2017, we found staff did not know how to report any concerns if they occurred out of hours. We made a recommendation about this. At a focused inspection, carried in August 2017, we found staff had been provided with this information and night staff were knowledgeable about how to report safeguarding incidents.

During this inspection staff said they were confident about raising concerns and reporting incidents to the right agencies. Staff had all recently received refresher training in safeguarding adults and they had easy access to information about how to do this in the staff offices. People and relatives told us the home was a "safe place". A relative told us, "The staff are all lovely. I've never witnessed anything that would make me think otherwise."

The management team were experienced in dealing with safeguarding matters and were clear about the protocols of when it was appropriate to report concerns. There had been a reduction in the number of safeguarding reports following changes to the people who lived at the home. At the time of this inspection the local authority commissioners had no concerns about the safeguarding protocols at this home.

Is the service effective?

Our findings

At the inspection in June 2017 we found staff did not feel sufficiently supported in their roles. During this inspection we found the provider had made improvements. Staff told us they felt they were "listened to" and had supervisions sessions with the new manager and new deputy manager, which gave them a chance to identify staff's particular strengths and any areas for training. Staff supervision also gives the staff the opportunity to put forward suggestion about the running of the home as well as discussing their own professional role in the staff team.

The new manager had arrangements in place to make sure all essential staff training was up to date. The training records showed that staff had training in health and safety subjects such as fire safety and infection control. There were further refresher courses planned for February and March 2018, including updated moving and assisting training. Further training for staff development was being considered by the home manager, for example in relation to advanced dementia care and supporting people who may be distressed. Staff told us they felt they had good opportunities for training.

At the inspection in June 2017 we found the provider had breached a regulation relating to people's nutrition and hydration. This was because people were not sufficiently supported with food and drink and their nutritional health was not being well managed. As a result people were losing weight. During this inspection we found improvements had been made and the regulation was no longer breached. People now received support with their dietary needs and, where necessary, were assisted at mealtimes. Food and fluid records were clearer and management reviews identified people at risk of weight loss.

A dietitian told us there had been "remarkable improvements" to the way people's nutritional needs were managed. They told us they had been able to discharge several people from the dietetic service because the home had helped them to put on weight. They commented, "I have definitely noticed a difference in people's intake and weight. I have no concerns about anyone there at the moment."

People and most relatives were also positive about the support people received with their nutrition. One relative commented, "They make my [family member] a lot of finger foods which is good because she will eat them, as she can't sit long for meals." Another relative told us, "[Family member] enjoys a full English breakfast and loves the desserts." Another visitor told us, "My [family member] seems to enjoy it (the food) and they eat when they want."

In most cases people were offered a range of dishes that met their individual tastes. For example, one person did not eat meat and the chef was enthusiastic about making interesting, protein-based foods that they would like. Snacks and finger foods were available 24 hours a day from a night bite menu. There were kitchenette areas where staff could make people snacks outside of mealtimes, such as sandwiches or toast.

A small number of people and relatives had mixed views about whether meals met people's individual preferences. For example, if people were on a modified texture diet, such as pureed food, they did not get a choice of dishes as only one option was prepared. Another relative said their family member loved fish but

never seemed to be offered that because they were only given liquidised food. We noted that some people needed a 'soft' diet, for instance food that was mashed but they were provided with a liquidised diet instead. Although this was safe, it meant people were not receiving the correct texture of food and it meant they did not have a varied choice of dishes.

At the inspection in June 2017 we found the provider was in breach of a regulation relating to the design of the premises. This was because the unit for people living with dementia was not suitably adapted to support the orientation of people. At that time there was no picture signage to help people find their way around and the lighting and colour schemes were not in keeping with guidance about 'dementia-friendly' environments.

During this inspection we found this had improved and the regulation was no longer breached. There were appropriate signs on bathrooms and toilet doors to help people recognise these rooms. There were different coloured bedroom doors and memory boxes outside bedrooms which contained personalised items to help people distinguish their own bedroom. There were contrasting handrails in bathrooms to help people identify them. There were items of sensory and tactile interest around the home. Both units had wide corridors and all accommodation was on ground floor level which made it easy for people with mobility equipment to get around the home. There were sitting areas around the corridors so people could stop and have a break. Both units had level access to well-kept secure, sheltered garden and patio areas which were well used in better weather.

Some people needed support to understand information due to their cognitive decline or because of poor sight. All the information for people about the service, such as the service user guide (information pack), was in writing. At this time there was no information in audio or picture format to support people for example, photographs of menu choices for people to express an interest in or to make advance choices. The management team, who have experience in accessible information, agreed and were going to look at how this area could be improved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS].

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had submitted DoLS applications to the local authority in line with legal requirements. We saw there were records of mental capacity assessments and best interest for decisions about restrictive equipment such as bedrails to prevent someone from rolling out of bed. This meant people's safety and best interests were assessed in a way which did not compromise their rights.

There was good collaboration between the home staff and other health and social care professionals. Records showed that people had access to dietitians, the speech and language therapist (SALT), the occupational therapist and the social work team. Staff from the Care Home Educational Support Services (CHESS) team visited regularly to assist and advise staff about caring for people who may have emotional or mental health needs. The home arranged GP visits and the district nursing team visited the home twice weekly to review people's health care needs.

One healthcare professional we spoke with said they "could not speak too highly" of the staff and their involvement with the people they supported. They told us the staff engaged well with other care professionals and were quick to ask for advice and responded well to any suggestions and guidance. They told staff worked well with them to formulate care plans and involved relatives in coming up with strategies to support people living with dementia.

Is the service caring?

Our findings

At the last inspection we found the provider had breached a regulation relating to people's dignity. This was because staff were rushed to complete tasks and had little or no time to spend with people. Sometimes people had to wait long periods for support. During this inspection we saw this had improved and the regulation was no longer breached. Staff engaged people in discussions and activities, and supported them in a way that upheld their dignity.

Staff treated people in a warm and friendly manner whilst ensuring their privacy and dignity. For example whilst staff were moving people using a hoist they spoke to the person in a reassuring way letting them know they were safe. It was obvious they knew the people they supported very well and two people commented that staff were like "friends and family" to them. A relative commented, "I cannot express enough how caring the staff are, from the cleaners to the care staff to the cook, they're all lovely."

Throughout the inspection we saw that staff were very caring in their approach to people. People, their relatives and professionals were complimentary about the quality of care provided and the positive impact that the home had on people's lives. One relative commented, "The staff are very, very caring and respectful. I'm absolutely delighted with them." Another told us, "I've never heard staff speak poorly of people. They show lots of patience and seem kind, caring, helpful and friendly."

Staff spoke to people in a gentle tone and supported their communication by smiling and using other facial expressions at appropriate moments. We observed that people responded with warmth towards staff and staff spoke with great compassion and care for the people living in the home. Staff knew people well and their interaction was friendly and sensitive. A relative told us, "My [family member] has dementia and needs a lot of support, but staff are all lovely – I don't worry about my [family member] being cared for by any of them."

People and relatives told us care was provided at the times that suited them. For example, one relative of a former resident told us, "My [family member] could be difficult but they (staff) did things when and how he wanted. My [family member] had wonderful care. When they were poorly, staff didn't leave them for one minute."

Several relatives told us their family members were "very happy here". There was a good relationship between families and care staff and this added to the friendly, family atmosphere in the home. A relative told us, "The staff have been so supportive and caring towards us as well as my [family member]."

At this time no one required an advocate but unit managers confirmed they had used an advocacy service in the past and would do so again if this became necessary. Advocacy services are independent of the home and can help people to be involved in decisions about their lives and promote their rights.

Is the service responsive?

Our findings

At the inspection in June 2017, we found the provider had breached a regulation relating to person-centred care. This was because care plans were out of date and were not reflective of people's current needs. This meant that care and support was not always centred on individual needs and preferences. Care plans had not always been completed accurately nor had they been routinely reviewed.

During this inspection we found some improvements although there were some inconsistencies in care records. For example, one person's care records stated they had diabetes which was controlled by diet. However staff told us that healthcare professionals had advised them the person did not require a special diet because they were provided with insulin. This advice was not reflected in the care plan. Another person was given pureed food rather than 'soft' foods they were able to eat. Some people's care records stated they used a yellow sling but other parts of their records stated they used a green sling. Staff were able to confirm which sling to use but agreed the records were sometimes inaccurate. This meant although staff understood people's needs, there was a potential for inconsistent support because the guidance in care records was not always accurate.

We recommend that care records are regularly reviewed to ensure the accuracy of records and guidance for staff.

The current care plan format was cumbersome and it was difficult to extract information about people's needs. The new manager agreed and explained that the new provider had plans in place for the review of all care plans. These would be re-written onto the provider's own care plan format. This work was to commence from March 2018 and it was anticipated that each person's needs could be reviewed and recorded at that time so care plans would be more personalised and accurate.

It was clear from observations and from discussions with people, relatives and staff that all staff were very familiar with people's individual preferences as well as their needs. For example one relative said, "Staff are brilliant and very knowledgeable about the people they support." Care staff were able to describe in great detail each person's daily well-being. Housekeeping staff were able to describe how some people enjoyed wiping surfaces and they provided them with a cloth if they wanted to join in the cleaning. Catering staff tried hard to find finger foods that suited people's different preferences and dietary needs.

There were now two activity co-ordinators working in the home, one in each unit. There were many varied activities for people to join in if they wished or just watch if they preferred. The weekly activity programmes showed that activities were grouped in such a way that people had time in between to have refreshments and just to sit quietly. Group activities included morning movement (exercises) bean bag toss, coffee mornings, skittles and a live band.

Some activities were provided by local community services. The hairdresser visited weekly and hand and nail care is also available. A weekly church service was available for those wishing to attend. Both activities co-ordinators had good insight into each person's needs and how they could be supported through

engagement and fulfilling activities. Throughout both visits people enjoyed joining in activities such as exercises and discussion groups. The activities staff were also knowledgeable about people's individual interests and pastimes. For example, one person enjoyed going around the grounds, with the support of staff, with their binoculars as they were interested in wildlife.

The co-ordinator who supported people who were living with dementia was experienced in this area of care. They understood what activities were useful to support and engage with people with complex or emotional needs. They were instrumental in starting to improve the design of the unit for people living with dementia so there were more and more items of interest such as piano and items that could be picked up such as soft toys.

At the inspection in June 2017 we found the complaints process was not operated in an effective and transparent manner. This was because records indicated that actions had been taken to resolve concerns when they had not.

During this inspection we found the complaint process had improved and people were actively encouraged to make comments about the service. There were information posters about how to make a complaint around the home and also in the information packs that people kept in their bedrooms. There were comments leaflets for people and visitors to complete if they wanted to leave any feedback, which also included details of how to contact the provider's 'standards and compliance' team if they wanted to take their concerns higher.

The people and relatives we spoke with said they felt able to openly discuss any concerns with the management team and had confidence that these would be acted upon. The complaints log showed there have been six complaints since June 2017. Most of these related to issues last year such as people having to wait for support and one related to fees. The complaints records show the outcome, actions taken and response provided to the complainant. All were now resolved.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. We will check continued improvements at our inspection at our next planned comprehensive inspection.

Is the service well-led?

Our findings

At the inspection in June 2017, we found the provider was in breach of regulations relating to good governance and general requirements of the regulations. This was because the provider's improvement plans had not been sustained and its quality monitoring processes were ineffective. Systems to monitor the quality and safety of the service had not identified the concerns regarding safeguarding and staffing. We rated this key question as inadequate and took urgent enforcement action. We imposed a condition upon the provider's registration to suspend new admissions to the home.

In December 2017 there was a planned takeover of the running of Cold Springs Park by HC-One Oval Limited. The regulatory responsibility for the service and the employment of staff at the home was transferred to the new provider.

During this inspection we found some inaccuracies in care plans that were used to guide staff in supporting people in the right way. This meant people could receive inconsistent care. The new provider had plans in place to transfer people's support needs onto HC-One care plan format. It was planned that people's individual needs would be reviewed at that time. In the meantime monthly audits of a sample of care plans was being undertaken.

We found significant improvements had been made in other areas. The provider had a detailed home improvement plan, much of which had been addressed and sustained since August 2017. Where any work was still in progress, for example, training for staff in challenging behaviour, there were clear details of the action being undertaken and timescales for completion. We concluded that sufficient action had been taken to make sure people were safe. We agreed that the conditions imposed upon the provider's registration could be removed. The service was also taken out of special measures.

Relatives and staff told us there had been a very smooth transition during the takeover from one provider to another. They said there had been no negative impact on people who lived there. One relative commented, "We were invited to a meeting just before Christmas about the change. It was very informative – probably more information than we've ever had before."

At the last inspection some staff said they were reluctant to attend staff meetings because they did not feel they were listened to or that their concerns were addressed. Some staff had previously said they did not have confidence in the overall management of the home. During this inspection relatives and staff said the new management team were approachable and always available for discussions. A relative commented, "There's both a manager and a deputy manager now so it's a stronger management team. They are much more visible – they are around the home all the time and they seem very approachable."

The new manager had commenced in December 2017 and had registered with the Care Quality Commission to be the registered manager. Both the manager and deputy manager were experienced in managing care services and understood the regulatory requirements of the Health and Social Care Act 2008.

Staff commented positively about the change of provider and the appointment of a new manager and deputy manager. These appointments were relatively recent but the staff we spoke with commented, "It seems to be working well. Both the manager and deputy are supportive" and "I feel more supported now and everyone is more relaxed".

Staff told us there was a good staff culture and good team-work. Staff said they enjoyed their roles and were proud and committed about working at this home. One staff commented, "We were all a bit down after the last inspection report but we know it was more about the organisation not about us staff. We have very good networks with people and their families, and we all work together to meet people's needs."

Relatives told us they found the staff appeared satisfied in their work. For instance one relative told us, "Staff are a very happy bunch and dedicated. They've stayed here in spite of last year's rating." People and relatives told us they were invited to offer their views about the service. There was a schedule of dates for Resident/Relatives' Meetings for the year on noticeboards around the home. One relative commented, "We're encouraged to be involved in the meetings and put our twopenneth-worth in. It's definitely getting a bit of momentum in the right direction and seems to be getting back on track."

The manager described the future plans for surveys for people, relatives and external care professionals which would provide people with another opportunities to make comments and suggestions.

The new provider had a robust quality assurance system, called Cornerstone, to monitor the standard, safety and effectiveness of the home's system, practices and protocols. At this time the quality assurance system was being introduced at the home following the takeover by the new provider. The system included in-house checks of the service for example, daily walk around by management staff, night time checks, weekly weights management, falls audits, checks of 'resident of the day' records and support, medicine audits and maintenance checks.

The system also included oversight and audit by senior managers of the organisation. In the meantime the provider continued with weekly updates of the home improvement plan and monthly management reports about the safety and well-being of people who lived at the home.

The manager and deputy manager had already carried out a number of audits within the home to make sure any shortfalls were identified and addressed. For example, monthly infection control audits were carried out to check the cleanliness of the premises and equipment. The deputy manager and maintenance staff member had recently carried out a 'snagging' check of all areas of the home and identified mainly chipped paintwork. There was plan in place to address this. The manager commented that having daily meetings with head of department was also helping to embed good practice.

It was clear that the service worked well with external professionals and there was clear collaboration with other care agencies to meet needs of people. The home had links, through the activities staff, with Age UK and the local Alzheimer's Society.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. We will check continued improvements at our inspection at our next planned comprehensive inspection.