

Grace Care Service Limited

Ramping Cat Nursing 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 10 July 2018 and was unannounced. At our last inspection on 6 and 13 December 2017 the service was rated as Inadequate overall and was placed in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the provider demonstrated to us that improvements have been made and was no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At the previous inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two of the breaches were repeated on the service's previous inspections.

At this inspection we found the provider had made overall improvements and met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We however found concerns around people's pressure relieving equipment and found the provider's quality assurance processes needed embedding to demonstrate the improvements can be sustained. The service therefore was rated as Requires Improvements in Safe and Well-led domains and improved to Good in Effective, Caring and Responsive. The overall rating of the service is Requires Improvement.

Ramping Cat Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or 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 service is registered to provide care for up to 39 older people. On the day of the inspection there were 17 people living at the service.

There was no registered manager running the service. 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. Following the departure of the registered manager earlier this year, the former service's deputy manager stepped up to become the new manager. They told us they were applying to CQC to become the registered manager.

People told us they were safe and the management of medicines had improved. Risks to people's well-being were managed. However, risks in relation to pressure areas were not always managed well. We have made a recommendation for the provider to refer to a national good practice guidance when formulating people's care plans around pressure relieving equipment. There was sufficient staffing in place to keep people safe and people experienced prompt assistance. There was evidence where things went wrong this was now used as an opportunity to improve the service for people.

People were supported to maintain a good nutrition and were offered food that met their dietary preferences. Staff worked with external professionals to ensure people's healthcare needs were met. We received positive feedback from professionals that commented positively on improvements made by the

new manager.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's rights to make own decisions were respected.

People were cared for by the staff that respected people's individual needs, including equality and diversity. People's dignity, privacy and confidentiality were maintained.

People's care plans provided guidance to staff on how people needed to be supported. People and their relatives knew how to complain and told us concerns were dealt with promptly. The provider ensured there was a new complaints policy that met the good practice guidance. People had access to activities, there was a new activity co-ordinator who planned to further improve the activities provision and links with the local community. Staff worked with other professionals to ensure people had a comfortable, dignified and pain free death.

People, staff and relatives all commented on positive changes to the culture at the service since the new manager took over their role. People felt the service was run well and things ran 'smoothly'. The manager acknowledged that given the significant non-compliance history of the service the improvements made needed to be embedded and sustained.

People, relatives and staff felt listened to and their feedback was sought in various ways. There were various meetings as well as social events that people, relatives and staff could join. The manager was open to any suggestions and feedback as they saw it as an opportunity to reflect and improve further.

The service worked well in partnership with local social and health professionals to ensure the care provided and the procedures and systems were in line with the good practice.

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 had improved to Requires Improvement.

Risks to people's health and well-being were assessed, recorded and managed appropriately. We however found people's pressure relieving equipment was not always set up correctly.

Medicines were managed and administered to people safely.

There were sufficient staff to keep people safe.

The provider was now proactively reporting safeguarding concerns and worked collaboratively with professionals to ensure people were safe.

Is the service effective?

Good 

The service improved and was effective.

People's rights to make own decisions were respected.

Staff had ongoing training and supervision.

People were supported to access health professionals and maintain good nutrition.

Is the service caring?

Good 

The service improved and was caring.

People told us staff were kind and compassionate.

People's dignity and privacy was respected.

People's individual needs including diverse needs and access to information were assessed and respected.

Is the service responsive?

Good 

The service improved and was responsive.

People told us they had support that met their needs.

Complaints were managed in line with the new policy that met the good practice guidance.

People were supported to have a pain free death.

Is the service well-led?

The service had improved to Requires Improvement

The provider's quality assurance processes had improved but needed further strengthening in places to ensure the changes could be sustained.

People's feedback was sought and acted upon.

The team demonstrated positive, open and transparent culture.

Requires Improvement 

Ramping Cat Nursing 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 and to look at the overall quality of the service.

This inspection took place on 10 July 2018 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was not asked to complete a Provider Information Return. This is information we require providers to send us at least once annually 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 also reviewed the information the Care Quality Commission (CQC) holds about the service. This included previous reports, actions plans received and notifications of significant incidents and complaints reported to CQC since the last inspection. Notifications are changes, events or incidents the provider is legally required to tell us about. This ensured we were addressing any areas of concern.

Throughout the day of our inspection we spent time observing care throughout the service. We spoke to six people living at the service and two relatives. We also spoke with the deputy manager, one nurse, three care staff, the activities co-ordinator and the chef. We looked at three people's care records, medicine records for all people using the service and three staff personnel files. We also viewed records relating to the running and management of the service.

Following the inspection, we also contacted number of external health and social care professionals to obtain their views about the service.

Is the service safe?

Our findings

At our last inspection in December 2017 the service was rated inadequate in Safe. We found people were not always protected from a risk of harm, people's medicines were not always managed in line with the good practice guidance. Additionally, there was no evidence the necessary improvements were made, sustained and lessons learnt where necessary. The concerns we found in relation to people's safety resulted in a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found overall improvements had been made to address these concerns.

People told us they felt safe. Comments from people included, "I feel safe and sound, people are kind and I enjoy having them around" and "Definitely safe. I feel quite happy, no problems, no worries". One relative said, "No concerns about safety. Any slight issues dealt with immediately". Staff felt confident a prompt action would be taken if they reported any safeguarding concerns to the management team. The new manager proactively raised safeguarding concerns and submitted relevant notifications when there had been allegations raised.

People told us they had their medicines as needed. Comments from people included, "Oh yes, always get my pills on time, never any problems there", "Lots of pills, very good on timing-know what most of them are for" and "Staff very [medication] aware". Medicines were managed safely. Temperatures of the medicines refrigerator and medicines storage room were monitored and recorded to ensure medicines were stored at the correct temperature. Medicines were stored in a secure room and were in a locked medicines trolley. People's medicines administration records (MAR) were fully and accurately completed. Where people were prescribed 'as required' medicines (PRN), there were protocols in place to guide staff in when the PRN medicines may be required. Staff administering medicines had completed training and were observed in practice to ensure they were competent to administer medicines. The manager ensured regular audits had been carried out to ensure proper management of medicines. There was evidence that when an area for improvement had been identified the manager took an action to address it. For example, where a trend of medicine errors had been identified, the manager ensured this was addressed with the staff concerned, safeguarding concerns raised and an investigation commenced.

Risks to people were managed well. Risks included areas such as falls, mobility or other individual conditions. Where people had been assessed as at risk their care plan detailed how these needs should be met. For example, one person was assessed as at risk of compromised swallowing that resulted in person coughing when drinking. The person had been referred to a Speech and Language Therapist (SALT). Following the assessment, a recommendation was given that if the person was coughing their drinks should be thickened using a thickening agent. Staff were aware of this and understood when the person's drinks needed to be thickened.

We however found the use of pressure relieving equipment was not always managed effectively. For example, one person's care plan identified they were at high risk of pressure damage. Their skin integrity care plan stated that the pressure mattress should be set at 'between four and five'. However, we checked

the guidance given to the service by a health professional and found the setting on the pressure mattress was not appropriate for the person's weight. We raised this with the management who immediately arranged for a different mattress to be put in place to ensure this person was comfortable and their risk of pressure damage was managed appropriately. The management reassured us they would review all people's mattresses to ensure all had a correct setting.

We recommend the provider refers to a national good practice guidance when formulating people's care plans around pressure relieving equipment.

There was enough staff to keep people safe. People told us they did not need to wait to be assisted. One person said, "Well looked after, safe because people get to me quickly if I need them". Another person said, "Staff are always coming in to see if I want anything and stopping for a chat. Seen eight people already today". People's relatives were also positive about staffing. One relative said, "There have been changes in care staff. The ones that are here now are very good - strong relationships".

The manager had introduced a new dependency tool to determine the safe staffing levels. They were aware that staffing needed to be reviewed with more admissions to the service. Throughout the inspection we saw staff responded promptly to people's requests for support and call bells were answered in a timely manner and they took time to engage with people and spent time sitting and chatting with them. We also saw staff were regularly visited people that chose to stay in their bedrooms. Staff offered care, support and a chat. We saw no examples of people being socially isolated.

People were protected from risks in case of emergency and people had individual personal emergency evacuations plans (PEEPs), there reflected what support people needed in case of an emergency such as evacuation and contained correct room number and people's pictures to aid identity. The manager ensured environmental checks such as fire alarm system and water checks had been carried out. There was a business continuity plan that covered various emergencies and gave details what to do, for example, in case of an evacuation people out of the service.

People were protected from infection control risks. The service was clean and there were no malodours. Staff used personal protective equipment (PPE) appropriately and soiled laundry was placed in colour coded bins to reduce the risk of cross infection. People complimented the cleanliness of the service greatly improved. Comments included, "Room lovely and clean. Cleaners in, chatting every day", "Spotless. Very, very clean everywhere", "Clean clothes, good laundry" and "Fantastically clean!".

There was a system to record accidents and we saw appropriate action was taken when people for example had fallen. There was evidence people were referred to health professionals and additional equipment, such as a sensor mat were put in place.

There was evidence available that the manager reflected on when things went wrong to improve the service for people. For example, on one occasion there was no written record of a medicine error being reported as per provider's policy. The manager implemented a flow chart with clear information what action needed to be taken should that happened again.

The service has now been rated as requires improvement in this key question. This is because of the concerns we found and because the service was previously rated as inadequate. Therefore, we need to be satisfied that these changes are being sustained. We will do this by following up these concerns at our next full comprehensive inspection, which will look at the five key questions we ask about services, which are: is the service safe, effective, caring, responsive and well-led.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The MCA provides a legal framework for making a particular decision 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights to make own decision were respected and people told us staff listened to them and respected their wishes. One person said, "Always ask permission before any care task". Another person said, "They listen to me". We observed staff constantly asking people if they would like assistance. For example, one person was asked if they would like to go outside. They declined and the member of staff accepted their decision. Another person was asked if they would like help with moving to the dining room. They said they could manage and the member of staff respected this, observing the person from a distance. A member of staff told us, "We give people chance to make own decisions".

We checked whether the service was working within the principles of the MCA. Records showed that people's rights were protected and they were supported to have choice and control over their lives. Where people were assessed as lacking capacity there were decision specific capacity assessments that enabled a best interest process to be followed. For example, one person's capacity to consent to taking their medicines fluctuated. The care plan detailed how the person should be supported to take their medicines. If the person declined there was a best interest decision in place to consider giving the medicines covertly. The best interest principles had been followed and the service had liaised with the person's GP, the pharmacist and the person's family to ensure the decision was made in the person's best interest. We spoke to the nurse administering medicines who told us, "We would always try and give them [medicines] normally. But if [person] refuses then we consider giving covertly".

People can only be deprived of their liberty so that they can 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 saw that the applications to the supervisory body where it had been assessed that a person lacked capacity to consent to some elements of their care that formed a restriction on their liberty had been made.

The manager was in a process of auditing people's records surrounding MCA to ensure there was always a clear understanding of who had a legal authority to make decisions on a person's behalf. The manager told us they wanted MCA to be 'everyone's business', adding that previously it had been deemed more of a responsibility of the office staff and focused around documentation. The provider's audit reflected a further session was planned to review this area of practice.

People were supported by staff that had relevant training. Due to significant staffing changes, the majority of the staff team were recently appointed. The management team were in the process of ensuring all new staff

completed their induction. The training matrix showed training was ongoing and further dates had been booked. The management were also in the process of carrying out staff supervisions and planned to further improve the system to ensure the supervisions were fully effective.

People's needs were assessed prior to their admission to the service to ensure these needs could be met. The information gathered during the pre-admission assessment was then used to formulate people's care plan. People and relatives were involved in the assessment process. One relative told us, "Assessment is process ok. [Person] came down and was shown around [the service] and it was agreed that he would go there. Staff organised for the assessment notes to be sent down. We had a copy sent to us. When we came in staff were waiting for us and he was made comfortable".

People were supported to access health services. People gave us examples, "Had my feet done every few weeks" and "I complained about my eyes. Seen the GP and had eye checks here. People here are thorough". People's care records showed that people had been referred to health professionals to ensure they received ongoing support. Records showed people had been supported to access GP, Care Home Support Service (CHSS) and a Speech and Language Therapy (SALT). Where guidance had been provided we saw this formed part of the care plans and people were supported in line with the guidance. We received positive feedback from an external professional who said, "I can see positive changes, manager takes on constructive criticism. She's not afraid to ask for help".

People told us they liked the food. Comments included, "Breakfast is very good. Cooked egg and bacon and toast", "Nice meals, nice choice" and "Cakes and scones very nice. Tea and scones in the garden. Lunch was marvellous today. Food good, I am not a chicken or pie person I like roasts. Sunday roast marvellous, meat very good". People also told us they had a good choice and alternatives were available if they wanted something different. For example, one person who liked salmon told us the chef would cook it for them. Another person said, "Food quite good. Will make something different if you don't like something on the menu".

People were appropriately supported to have their meals during lunch time, this included people that remained in their bedrooms. We saw staff understood peoples' preferences and eating habits. For example, when one person needed considerably more help, staff provided the appropriate support. Throughout the day we saw people had access to drinks. We saw staff offering hot and cold drinks to people.

There was information available in the kitchen of people's dietary needs, preferences and allergies. The chef attended the morning handover meeting where any issues regarding peoples' nutrition were discussed. Where there were changes to people's dietary needs, these were passed to the chef so the necessary changes could be made to people's nutrition. When the service's kitchen was last inspected by the Food Standards Agency they were awarded the top score of five stars.

People benefitted from the environment that was well maintained and free from potential trip hazards. Good natural daylight combined with good artificial lighting supported people living with sight impairments. People had personalised rooms with family photos, memorabilia and small items of cherished furniture. There were pictorial features, such as well labelled doors with people's names and photos, depicting a personal interest that aided orientation. People told us they liked their bedrooms. One person said, "I think my room is very nice. Plenty of space for me". Another person said, "Very comfortable room. Brought some of my own things with me".

Is the service caring?

Our findings

At our last inspection in December 2017 we found the service was not always caring. We found some of the language used by some staff was not always appropriate and we identified staff did not always show concern for people's wellbeing in a caring and meaningful way. These concerns resulted in a breach of the Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the management worked to address these concerns and the service had improved. There was a relaxed and a calm atmosphere throughout our inspection underpinned by an improved culture. One external professional told us, "Atmosphere is different now – staff are happy".

We saw many kind and caring interactions. Staff showed compassion when speaking with people and took time to reassure and comfort people when they showed signs of anxiety. For example, one person was trying to leave the dining room when their meal was being served. A member of staff spoke quietly with the person and showed them their meal. The member of staff suggested they might like to sit down and eat a little more. They used gentle, reassuring touch and ensured they made eye contact with the person. Another person was supported with great kindness. A member of staff approached the person with a cheery 'hello its [name]' and went on to ask the person if they had all they needed and made sure they had enough to drink.

Staff used their knowledge of people to engage with them and make interactions meaningful. Staff spoke with people about their families, their past lives and the clothes they were wearing. We saw these thoughtful interactions had a positive impact on people. One person told us, "When I hadn't been very well the carers made me some braids to hang on my walker". This clearly meant a lot to the person as they loved wool crafts.

People told us their dignity was respected and told us staff were kind. Comments included, "Staff all very good, kind people", "[Staff] call out when they are coming along the passage way to let me know who is coming so I am not worried" and "Care is relating to me, I would say on a scale 0-10 I would give them 9". People's relatives told us, "Very respectful, even when chatting to people. Always seem to treat people fairly and with respect" and "I been in the room when cares have come in to do care. Have been asked to leave the room when they are doing care".

We saw people were treated with dignity and respect. Staff called people by their preferred name and ensured they knocked on people's doors before entering their rooms. A member of staff told us, "This morning I went to one person to give them breakfast and saw they needed a pad change. I did the pad change first to make them more comfortable before breakfast. If something [like this] needs doing, it needs doing here and then, toilet time is 'all the time' [not a regime]".

People's care plans identified people's specific communication needs and how these should be met. This was in line with the Accessible Information Standard (AIS). AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss. People told us staff ensured their communication

needs were respected. One person that suffered from visual impairment told us, "Staff know to knock on my door and to tell me who they are. I don't see very well".

People's individual needs, including their diverse needs were also respected. For example, when people had strong spiritual belief they could attend a communion service regularly. A member of staff told us, "We respect people and their differences".

People's confidential information was protected. People's files were kept secure and staff had own login password to access electronic records. The management ensured their system was in line with the recently changed policy around The General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

At our last inspection in December 2017 we found the provider did not ensure complaints were dealt with appropriately. The provider's complaints policy was not in line with a good practice, for example, there was also no information available what to do when people were not satisfied with the response from the service.

At this inspection we found the provider addressed the above concerns, there was a new, improved complaints policy in place that was in line with the good practice and signposted people to relevant bodies if they remained unsatisfied with the outcome of the complaint raised to the management.

People and relatives told us they knew how to complain. Comments included, "If I have any complaint I go to the manager. She asks me to put it in writing and get a letter to let me know what has been done", "Any small issues dealt with" and "Niggles sorted out". The new manager had a complaints log and we saw there were three complaints received by the service since our last inspection and these have been investigated and closed.

People's care plans identified people's likes and dislikes and took account of people's personal preferences. Life story books had been completed with people and included information about families, employment and what hobbies they enjoyed. These were written in a person-centred way that recognised people as unique individuals, showing they were valued for who they were. One person told us how they and their family had been involved in putting their life story book together. People had pictures relating to their past activities and interests on their bedroom doors. For example, two people who had a particular interest in gardening had related door signs. Another person had a farming picture on their door and another person had a knitting picture. These meant staff were able to use these as a conversation starter to engage people in meaningful interactions.

People and their relatives told us support provided by staff met people's needs. Comments included, "Staff certainly know what they are doing", "When I first came here I couldn't walk six paces. Now thanks to the physio I can walk down to the dining room", "I would recommend this nursing home to anybody" and "Carers make a real effort to get to know me and [person]". Staff provided support that met people's preferences. For example, one person preferred a pureed diet but enjoyed one type of food not to be pureed and staff respected this person's choice.

People had access to join activities if they wanted to. People told us, "I stay in my cave [room], watch TV, read, and chat", "Things to do. Get outside if we can" and "Love reading. Joined the Oxfordshire Library Association. Get book bags regularly. They ask me what I like reading and provide the books". One relative said, "Enough for [person] to do. Likes to read, watch his TV. Does go down for some musical things". The activities programme was overseen by a recently appointed co-ordinator. There was an external entertainer visiting to run wheelchair dance, a singer guitarist, a Pets at Therapy (PAT) dog visited as well as quizzes, bingo, reminiscence, board games, crossword and puzzles. The activity co-ordinator planned to involve pupils from local schools in the life of the service.

People told us there had been a focus on using the outside spaces. Gardening, games and scones and tea on the lawn. People were involved with planting and one person took responsibility for watering the plants. During the day we saw people walking in the garden, supported by staff and people and their family enjoying the sunny garden. People were very complimentary about the fact they could spend time outside. One person said, "Keen on getting me out in the garden. Very nice out there, especially in this weather". Another person said, "We go out in the garden a lot. Tea and scones, play games or just sit and talk to staff". One external professional told us, "Last I was there I saw a person in the garden, enjoying the sun and they said I was never allowed in garden. It [service] feels homelier now, it was more institutionalised".

On the day of the inspection it was 100th anniversary of the Royal Air Force. People who were interested were supported to watch the celebrations together on television. It was clear that people enjoyed the programme and staff took time to sit with them and talk about their memories and experiences.

People were supported to have a dignified and pain free death. One person who was nearing to the end of their life was being supported to remain comfortable. They also had an end of life care plan that was discussed with their family and there was evidence of the regular involvement of the doctor. Another person told us, "I have discussed my end of life wishes, people here and family know what I want to happen".

Is the service well-led?

Our findings

At our last inspection in December 2017 the service was rated inadequate in Well-led. We previously imposed a positive condition on the provider's registration which meant they were required to submit to us monthly reports with information of the audits undertaken each month and the action taken as a result of these audits. Our report from the inspection carried out in December showed that the effectiveness of the audits was previously poor and our previous inspection identified further concerns. The concerns we found were a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a repeated breach, the consistency of the quality of the governance systems operated by this provider has been a concern on our five previous consecutive inspections. At this inspection we found the provider had taken action to ensure they were compliance with all of the regulations.

There was no registered manager running the service. Following the departure of the registered manager earlier this year, the former service's deputy manager stepped up and acted as a manager. 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. The manager told us they were applying to CQC to become the registered manager.

Since the new manager started in their role, the quality of the monthly evidence submitted to us improved. The evidence demonstrated that they effectively identified areas that needed attention and ensured a prompt action was taken to address it. The new manager worked with a number of professionals including a mentor to ensure they had the support they needed. The manager was open and transparent. For example, when they identified they could benefit from additional guidance around quality assurance they proactively sourced external support. The provider also sourced an external consultancy firm to add another layer of quality assurance and reviewed and updated the service's policies and procedures.

There were now audits carried out that identified concerns and where areas of concerns had been identified, these were being addressed promptly. The audits included medicines, care plans, accidents, catering audits among the others. The manager had a good overview of safeguarding concerns and they implemented an improved log which clearly stated the status of each safeguarding. The manager had an open and transparent approach to safeguarding concerns and worked closely with the local authority's safeguarding team. We received a positive feedback from the safeguarding team, "The current manager has worked so hard, there have been so many positive changes in a relatively short space of time".

The provider sourced an external consultant that worked with the home management to create an ongoing action improvement plan. The plan was regularly reviewed and we saw the current plan had a number of areas of improvement identified with clear information who was responsible to complete these and by when. Senior team meetings were held to discuss the ongoing developments and to ensure everyone was clear of their roles and responsibilities. The provider also carried out audits and shared the findings with the manager and the deputy. We saw the most recent copy of the provider's audit and saw areas such as safeguarding, care plans, recruitment, records, medicines management and other were included. The audit

was followed up by the senior team meeting set up to review the actions needed and progress made.

The manager was aware which areas needed further improving. For example, despite the pressure mattresses being checked by staff this was not fully effective as we reported in safe domain of this report. The management team was also in a process of ensuring people's bedroom charts were completed accurately. There was evidence this had been identified through audits in May 2018 and had been discussed at team meetings.

The manager acknowledged that given the significant non-compliance history of the service the improvements made needed to be embedded and sustained. The manager was supported by a recently appointed deputy manager and a new clinical lead that was appointed a week before our inspection. The manager told us, "We deserved that Inadequate rating". This meant they effectively reflected on the improvements made and saw the benefits of improved work practices.

The manager ensured they sought feedback from people and relatives. People told us how they were involved and that they felt listened to. Comments from people included, "[They] chat to me about my care plan, all well with it, I get what I need", "[Had] meeting about my care, [they] seemed to listen to what I want done" and "Manager was a carer before, knows us and we know her. Regularly asks us about care".

People and their relatives were very complimentary about the changes made by the new manager and told us they had 'every confidence' in them. Comments included, "[Manager] comes in, slightest problem dealt with straight away - a big difference. Manager has her finger on the pulse", "Everything runs smoothly", "I see a lot of the manager, all very open", "Manager is a good role model, relaxed, directive and supportive" and "Manager does a good job, directly impacts on what we see". The manager told us they planned to work shifts 'on the floor' to make sure they 'understand better what staff do'. An external professional said, "The home [was] turned around, [they're] not on my radar as a risky one".

Staff were equally positive and their feedback demonstrated an improved culture and staff morale. Comments from staff included, "Absolutely wonderful manager. Any concerns - will work through them", "We discussed as a team how to improve things" and "[Previously] if you had a problem, it was your problem, manager now listens, will talk about things, makes us feel respected. The problem before was [the approach was] it did not matter how you did things [tasks] as long as you did them. More sense of helping each other now".

There was a positive, open and transparent culture demonstrated by the entire team at the service. The manager introduced a 'tree' in the reception of the service, there were blank 'leaves' available, these were available in green (compliment), orange (comment) or red (concern) colour. Anyone could write on a leaf and hang it on the tree to express their opinion or give suggestion. We saw the staff meeting minutes stated, 'it's not a bad thing if a person [staff] wants to speak to person in charge regarding another person [staff], it is not gossiping'. This meant staff were encouraged to challenge each other positively to make sure they all worked to a good practice guidance. The manager told us they reviewed the feedback received via the online care home rating website hosted externally to ensure all comments were considered and good feedback passed on to the team to boost their morale.

Although not yet registered with CQC the manager ensured they met their requirements of submitting the relevant statutory notifications to us. They also ensured the service met their Duty of Candour requirements. The manager ensured staff took ownership for their individual actions. For example, following a recent concern they arranged that individual nurses contact people's relatives to ensure staff demonstrated accountability.

The service was open to working with external professionals. The manager recently worked with the local Healthwatch who arranged for a visit to the service. Healthwatch are an independent organisation for people who use health and social care services. We received the feedback from Healthwatch that showed their findings were positive and no concerns were raised in any of the areas reviewed.

The service has now been rated as requires improvement in this key question. This is because service was previously rated as inadequate. Therefore, we need to be satisfied that these changes are being sustained. We will do this by following up these concerns at our next full comprehensive inspection, which will look at the five key questions we ask about services, which are: is the service safe, effective, caring, responsive and well-led.