M Power Limited

M Power Limited - 22a Bromley Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 3 January 2018 and was unannounced.

M Power Limited 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.

M Power Limited is registered to provide care and accommodation to up to 11 people. At the time of our inspection seven people were using the service, some of whom had mental health conditions or a learning disability.

The service has recently undergone refurbishment. Bedrooms were single occupancy rooms and located over two floors. The building was not adapted to meet people's needs and parts of the accommodation are not accessible by wheelchair. The service has a garden. The provider was in the process of making new admissions to the home

There was a registered 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.

People's care was not always responsive to their individual needs. Staff did not provide appropriate support to one person who had behaviours that challenged the service and others. This put the safety of the person and that of others at risk. People were not always protected from the risk of isolation and were not always able to access all parts of the accommodation. Staff did not always follow good hygiene practices. The environment and accommodation were clean with the exception of the staff room.

Staff knew how to identify and report abuse. Staff followed the provider's safeguarding procedures to ensure they protected people from potential abuse. There were sufficient staff deployed to meet people's needs. Staff underwent appropriate recruitment procedures before they started to provide care.

Risk assessments and management plans were in place. Staff had information about people's needs and the support they required. Staff obtained consent from people before they delivered care and support. People had access to healthcare services when needed.

The registered manager monitored accidents and incidents to identify any patterns and to minimise recurrences.

Staff received the support they required to undertake their roles through an induction, training and supervision of their practice.

People told us they received sufficient amounts to eat and drink. People told us the food provided did not always meet their cultural preferences. We observed people during their lunchtime meal. The food served was not appetising and the menu lacked imagination. Although there was a menu planner, staff prepared a meal that was not planned for that day. Staff monitored people's nutritional needs and made referrals to healthcare professionals for guidance when needed.

People's care was provided in a dignified and compassionate manner. Staff respected people's privacy and dignity. Interactions between staff and people were positive. Staff supported people to have equal access to information and opportunities as full citizens.

Staff supported people to undertake activities of their choosing. People enjoyed links with the local community.

People using the service and their relatives knew how to make a complaint if they were unhappy with care delivery. People's views about the service were welcomed and their feedback was used to develop the service.

People using the service, their relatives and staff said the registered manager was visible at the service. They raised concerns about the management and staffing changes at the service. Staff were supported in their roles and worked well as a team.

Audits and checks were carried out on the quality of care. Improvements were done when needed. The provider planned to carry out quality monitoring questionnaires to obtain staff and people's views about the service. However, they had failed to identify the shortfalls found during this inspection.

People benefitted from the close working partnership between the registered manager and other health and social care professionals and external agencies.

We found three breaches of regulation in relation to person centred care, need for consent, and premises and equipment. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Staff did not always follow infection prevention and control procedures to minimise the risk of infection.

Staff understood safeguarding procedures to identify and report concerns about their welfare.

Staff assessed and managed risks to people's health. There were sufficient numbers of staff who were recruited in a safe manner to deliver care.

People received their medicines safely. Staff learnt from accidents and incidents.

Is the service effective?

Requires Improvement

The service was not always effective.

People's care was not provided in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The premises were not suitable for people using a wheelchair. Mealtimes were not enjoyable for everyone.

Staff ensured people's dietary needs and health needs were met.

Staff received supervision and training to enable them to undertake their roles.

Is the service caring?

Good

The service was caring.

People's care was delivered by staff who were kind and compassionate.

People were involved in planning their care. Staff knew people well and understood how they communicated their needs.

People's care and support was respectful of their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not responsive.

People received care that did not respond to their changing needs. People's care and support plans were reviewed and updated to reflect their changing needs. However, staff did not have a full understanding of how to support people with complex needs including behaviours that challenged the service and others.

People were supported to take part in activities of their choosing and to maintain links with the community.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Audits and checks were carried out to monitor the quality of the service. However, the concerns we identified were not addressed.

Staff were happy with the support from the registered manager. The service had undergone management and staffing changes which had caused anxiety to people using the service, their relatives and staff.

People and staff's views were sought and their feedback used to develop the service.

There was a close partnership between the service and external agencies.

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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 is the first comprehensive inspection of the service since registration with the Care Quality Commission on 24 May 2017.

The inspection was carried out on 3 January 2018 by one inspector and one 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.

Prior to the inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection, we spoke with four people who used the service and two of their relatives, including three members of care staff, an operations manager and the registered manager.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care records and their medicine administration records. We reviewed information

about the management of the service, quality assurance reports and five staff records.

After the inspection, we received feedback from two health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

People had mixed views about their safety at the service. Comments included, "I feel safe living here" and "So far so good." Other person told us, "[Person's name] recently flooded the living room twice." Another person said, "[Person's name] has been going in the room putting the plug in the sink and turning the tap on and leaving the room." Staff told us this had happened when a person who showed behaviours that challenge the service experienced a decline in their mental health. The registered manager had reviewed the risks posed by the person to themselves and other people and had put the necessary plans in place to prevent the situation from happening again. There had been a break in at the service with a possibility of financial abuse. Two people had suffered potential loss of their money and belongings. People said this incident had left them shaken. At the time of the inspection, the matter was under police investigation and the registered manager had informed the local authority safeguarding team about the issue. The registered manager told us the provider had reviewed and upgraded the security at the home to ensure the safety of people.

Risks to people's health and well-being were identified. Appropriate risk assessments were in place. These identified risks such as falls, smoking, skin integrity, nutrition, choking, and moving and handling. Staff reviewed and updated risk assessments to highlight changes in people's needs and the support they required. However, we found risks were not managed appropriately in light of incidents mentioned in this report. These included several incidents of one person disturbing other people and being a risk to themselves.

Some parts of the accommodation were very warm which could pose a risk to people's safety. We raised the issue with the registered manager who advised us that there was a possibility that a person using the service might have adjusted the temperature from a thermostat mounted in one of the corridors. The registered manager told us they would take action and ensure the thermostat was secured.

People were supported by staff who did not always follow good hygiene practices. Staff told us they had access to personal protective equipment such as gloves and aprons. We observed a member of staff moving wet towels from a bathroom to the laundry. Staff prepared and served the lunchtime meal without wearing aprons or hair nets/covers. One staircase and the staff room which people had access to was not clean. We asked the registered manager about the state of the staff room and they told us the domestic staff were on annual leave. The registered manager told us they would review their systems to ensure staff maintained high standards of cleanliness. The accommodation and communal lounges were clean.

People were not protected from the risk of an emergency at the service. Each person had a personal emergency evacuation plan which detailed the support they required to leave the building safely. However, bedroom doors did not have identifying signs such as door numbers which would help emergency staff with safe evacuations. The registered manager informed us this was because of an ongoing refurbishment. After the inspection, the registered manager informed us they had placed people's photographs including their names on their bedroom doors for ease of locating and identification of rooms in the event of an emergency. Staff maintained a fire safety logbook and records of drills to practice emergency evacuations.

However, staff had not received fire training, which the registered manager said was scheduled for end of January 2018. We were not confident staff had the full knowledge of how to support people in the event of a fire.

People received their medicines when needed. Staff were trained and competent to manage people's medicines. Audits and checks showed that staff followed the provider's procedures to manage and administer people's regular and 'when required' medicines (PRN) safely. Medicines were stored safely and securely in a medicines room. We checked the stock of loose medicines and these tallied with balances recorded on each person's medicine administration records (MARs). MARs were clearly labelled and contained details of each person to minimise the risk of medicine administration errors. MARs were completed accurately and indicated people had received their prescribed medicines.

People were protected from the risk of harm. Staff understood and followed safeguarding policies and procedures in place to keep people safe. Staff knew the signs of abuse, and how to report and escalate their concerns to external authorities when needed. Staff attended safeguarding training and refresher courses to keep their knowledge about abuse up to date and inform their practice. Safeguarding and whistleblowing procedures were in place and staff told us they had access to them for guidance.

People told us they received their care and support in a safe and timely manner. Their comments included, "Yes, when you want to go out there is always someone here to take you" "I should say more than enough. Staff will come within five to 10 minutes of ringing a call bell" and "There are now a lot more than there was." Staff told us they had enough time to provide people's care. Duty rotas showed shifts were covered and in addition, the registered manager supported people when needed. Staff had access to out of hour's guidance and support. A dependency needs assessment was carried out to determine staffing levels. Rotas showed the number of staff on duty was altered to enable people to attend appointments and activities.

People's care was delivered by staff who were suitable for their roles. New staff underwent appropriate recruitment procedures which included completing an application form and attending interviews. The provider obtained references, full employment history, criminal record checks and verified an applicant's right to work in the UK. New staff completed a probationary period before they were confirmed in post.

People's care was monitored to minimise the risk of avoidable harm. Staff reported and recorded accidents and incidents to ensure plans were put in place to keep people safe. The registered manager reviewed the records to identify any trends and reduce the likelihood of a recurrence. Incidents and accidents were discussed at team meetings to ensure staff learnt from the events.

Requires Improvement

Is the service effective?

Our findings

People lived in an environment that was not suitably adapted to meet their needs. One person's bedroom was linked to the rest of the accommodation by a corridor with three steps. The person used a wheelchair and it was difficult for them to walk up the stairs. We asked the registered manager how this person was supported to access the communal areas. The registered manager told us they could use the ramp that led to the kitchen. However, there were stairs leading from the kitchen areas which would make the communal areas inaccessible for wheelchair users. There were no hand rails to support the mobility of people with physical needs.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights were not always being protected as the provider had not always applied for DoLS authorisations when a person's liberty was being restricted. We read a person's care plan and observed the support staff provided to them which indicated that a DoLS application was required. The person received one to one support and staff had to follow them around to ensure their safety. There was no mental capacity assessment to show the support they required in relation to their personal care, medicines management and accessing the community. The registered manager told us they had meetings with health and social care professionals about the person and there were advanced plans to move them to an appropriate service due to their declining mental health. However, the registered manager had not made an application for authorisation to deprive the person of their liberty. We discussed this issue with the registered manager who explained they had held discussions with health and social care professionals who had not deemed it necessary to apply for a DoLS authorisation. The support the person was receiving required an authorisation for staff to lawfully restrict their liberty. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
People who were able consented to care and treatment. People told us staff asked them about their care delivery and respected their choices. People who were unable to make decisions about their care received the support from families and friends. One relative told us, "I am involved in making decisions about [person's care]." Best interests meetings were held and records confirmed discussions between families and members of staff about decisions on the support a person required.

People's needs were assessed prior to their moving to the service. This was to ensure that the service was suitable for them and that staff had the right skills to deliver care. Care plans had sufficient details about people's individual needs and the support they required. People using the service, their relatives and health and social care professionals were involved when assessing their needs. This enabled the registered manager to develop a care plan which reflected the needs of the person and to utilise professionals' guidance on planning how to provide appropriate support. Records showed staff followed the guidance in people's supports plans to meet their needs.

Four people told us they enjoyed the food provided at the service. However, one person told us, "We long to have our cultural foods, but that's not a possibility. Food here is mashed potatoes, chips, fried chicken, fish fried, baked beans. Very English menu mostly. We take what is provided, very little on our part we choose." There was a four weekly menu which showed healthy and balanced choices but few options for culturally appropriate foods. We raised this issue with the registered manager who explained that people were free to choose any options from the menu and that staff were happy to prepare food off the menu. People's records showed they had some culturally appropriate foods, but not as much as they wanted.

People's mealtime experiences were not always positive. We observed people during their lunchtime meal. Although staff supported people with patience during mealtimes, there was minimal conversation between the staff and the people they were supporting. People chatted to each other and the environment was informal and relaxed. The lunchtime menu indicated people were having sausage and mash in the evening. However, people had this meal during lunchtime. We asked the registered manager what the menu would be for dinner and they told us they would check what else was available. One person wanted eggs as part of their lunch meal. We did not observe staff asking the person how they wanted their eggs done. One person was presented with a bowl of soup. Staff asked the person if they wanted a peanut butter sandwich to go with the soup, to which they said yes. This was prepared for them. Ketchup was put on people's food before it came to them and no condiments were on the table. We asked people what they were having for dessert and one person commented, "No we don't have dessert. We only have dessert after our dinner at 6pm." We observed staff did not ask people if they enjoyed their lunch or if they had had enough. Only one person was offered an additional sausage.

There was no fruit or vegetables available to encourage healthy eating habits. We discussed this with the registered manager who explained that there had been miscommunication with their groceries supplier due to non-payment, which had resulted in the non-delivery of the weekly supply. They had used petty cash to source emergency supplies of groceries. The issue of the delivery of the groceries was resolved and was set to resume the next day after our inspection visit.

People's nutritional and hydration and needs were monitored and met. Staff had information about people's dietary needs and received guidance from the Speech and Language Therapist (SALT) to support a person to eat healthily and safely. Records were maintained of people's weights and eating patterns and a referral was made to healthcare professionals if there were concerns about a person's weight management.

People's care was delivered by staff who were supported in their roles. One member of staff said, "I got to understand my role fully before I worked on my own." New staff completed an induction to familiarise themselves with the people using the service, their care and support plans and policies and procedures. Staff new to care completed the Care Certificate programme which equipped them with the knowledge and standards expected of all health and social care professionals. Only two members of staff had received supervision since the provider's registration with the Care Quality Commission. The registered manager told us the other members of staff were going through their induction and probationary period and received support through these processes.

People received care and support from staff who were trained for their roles. Staff had attended the provider's mandatory training which included safeguarding, infection control, health and safety, moving and handling, MCA, first aid and food hygiene. One member of staff told us, "I completed the required training before I started working in my role." Another member of staff told us, "The training is helpful. It gives me the confidence to do my work." Records confirmed staff had attended the mandatory training. The registered manager maintained a training matrix to ensure staff attended courses when due.

People were supported to access healthcare services when needed. One person told us, "Staff come with me to the doctors." One relative told us, "Yes they call doctor and inform me every time when [person's name] is unwell." Staff supported people to attend appointments and receive check-ups and reviews in line with their health action plans. Records confirmed healthcare professional's involvement in people's care which included GPs, district nurses, dentists, opticians and SALTs. The registered manager ensured staff maintained accurate records of guidance received and supported people as recommended by healthcare professionals.

Good

Is the service caring?

Our findings

People were happy with the caring manner of the staff. Comments included, "Yes, they are always kind" and "They are kind and help me with things like going out for walks and many other things." Relatives told us staff were kind and caring. One relative told us, "It's has not been easy with the decline in [person's health]. The staff have shown love and understanding." We observed staff were patient and spoke to people in a kind way discussing with each person their plans for the day. Staff chatted with people as they went about their duties and ensured they were comfortable.

People were supported by staff who knew them well. One person told us, "Staff know me quite well. They are eager to help." Another person said, "They know when things are not ok with [person's name]. They are attentive and want what's good for us." One relative told us, "It's taken a while for them to understand [person's name] because of the turmoil and changes of the past year. Everything has fallen into place now." We observed interactions between staff and people were positive and it was clear they understood them by how they talked about topics that interested each person. People said staff called them by their preferred names and were not patronising. Records showed people received care in the manner they preferred and staff respected their routines, where they had their meals and how they spent their day.

People were involved in planning and making decisions about their care. One person told us, "They ask how I want things done." Another person said, "They respect my decisions. They don't impose." One relative told us, "The keyworker gets in touch and we receive regular updates. I give my input on how I think [person's name] would have wanted things done." Staff knew people's likes, dislikes and how they preferred to receive their care. Staff told us they involved people and their relatives in making decisions about their care. Each member of staff had a keyworking role, where they were assigned to one person with the responsibility of coordinating their care. The keyworking sessions allowed a person to discuss what was working in their care delivery and any changes they would like. Staff updated the person's records and informed the registered manager of plans such as enrolling for education or changes that were required such as outings. Staff said they interacted with relatives who gave them more information about people, which enabled them to provide the care they required. Care records were up to date and reflected people's likes and dislikes, routines and preferences. Daily observations records showed people received the care they required in line with their preferences and as planned. People had access to information about advocacy services to ensure they could make their views known. Staff supported people to access services they required to ensure they protected their human rights and led fulfilling lives

People were treated with dignity and respect. One person told us, "Staff are polite." Another person said, "They are respectful. No shouting or talking over you." Staff maintained people's privacy by closing bedroom and bathroom doors when providing care. People were dressed in appropriate clothing and well-groomed. Staff told us they updated care records away from visitors, discussed people's health and had handover meetings away from hearing by third parties to maintain people's privacy and confidentiality. Staff respected people's individuality by asking them their preferences for care delivery and respecting their choices. People told us staff talked to them and ensured they understood what they were doing when delivering their care. People's records were only accessible to authorised staff. People who were able to,

gave consent to have their records shared with other health and social care professionals. Staff maintained people's records confidentially by ensuring they securely stored their information. Staff told us they understood people's rights to confidentiality and privacy and shared their information with other health and social care professionals when authorised by the registered manager.

People's records were kept securely and stored in lockable rooms. Staff told us they had access to the documents they required. Computers were password protected and only authorised staff had access to ensure they maintained people's confidentiality.

People were supported to maintain relationships with friends and family. One person told us, "I do visit my family now and again." Another person said, "I receive visitors and can make telephone calls when I wish." People had developed friendships at the service and told us they enjoyed chatting with each other and doing some activities together. Staff told us they monitored people's moods and interaction with others to ensure they were not at risk of social isolation. People said their family and friends visited when they were able to do so and that staff made them feel welcome at the service. Records showed people received visitors at various times of the day without any restrictions. Staff supported people to communicate with their friends and family by telephone, email and made arrangements for them to visit if they wished.

Requires Improvement

Is the service responsive?

Our findings

People received care that did not always respond to their needs. One person had behaviours that challenged the service and others. Other people at the service found the person's challenging behaviour disruptive. People's comments included, "The problem is the person will be shouting 24 hours", "[Person's name] will be meddling with the washing machine", "When we complain to the manager she says we can't afford when someone should be on one to one support 24 hours", "Some resident would come into your room and when you tell [him/her] to go out [he/she] won't go" and "There is a [person's name] who shouts 24 hours at the top of [her/his] voice. Such things disturb my mind. I can't interfere." One relative commented, "Frankly, they are not attentive to one resident. It's a major drawback." Another relative commented they felt staff did not follow the guidance provided to meet the needs of a person with behaviour that challenged. One health and social care professional commented that there had been a safeguarding alert raised due to concerns about staff not providing care responsive to people's needs. Staff had sought interventions from health and social care professionals about how to support the person and had received guidance. However, we observed staff found it difficult to support the person and did not provide appropriate care. The person was not engaged in a meaningful way to manage their behaviour. We observed people were anxious when the person was around them and were concerned about their welfare.

One person could not take part in group activities or watch televisions or interact with other people in the communal areas. One person told us, "I don't [associate] with others; it can be quite lonely here. I get all meals in my room. However, staff do sit and talk to me." The person received visitors and additional help from external sources however they were still at risk of social isolation. We asked the registered manager about how they supported the person to interact with others. They advised us the person preferred to stay in their room and that staff supported them to walk to the communal areas if they wished. However, the person explained to us that they were unable to climb the three stairs to walk to the adjoining rooms.

These issues constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were reviewed regularly and their support plans updated. One person told us, "They do sit down with us and check if things are ok" Another person said, "Staff do talk about my care plan." Staff involved families where appropriate and health and social care professionals to review people's needs. Staff updated care plans to reflect any changes in people's eating and drinking patterns, mobility, medicines, and physical and mental health needs. The registered manager ensured staff undertook their keyworking roles and that people's care plans reflected their needs. Care plans were up to date and reflected the changes staff had described.

People enjoyed taking part in activities. One person told us, "I'm good at arts and crafts and drawing. They supply the paper and pens. I do puzzles, draw and play board games and on Saturday we play bingo." Another person told us, "I read a book and watch television. I meditate, do yoga and my prayers." One relative told us, "Staff go with [person's name] to the bank, cafés and a local park." Staff involved people in identifying their hobbies and interests and ensured this was reflected in their care plans. People were able to

pursue their hobbies and develop new interests. One person told us they wanted to play football and arrangements were being made to enable them to go out. Daily observation records confirmed that people took part in activities of their choosing. People were supported to practice their religious beliefs. One person told us, "Staff go with me to my church."

People were encouraged to develop their daily living skills. People told us staff encouraged them to undertake tasks that they were capable of doing such as tidying their rooms, personal care and shopping. However, one person told us, "I like cooking. I would like to cook more. If I had the recipe and ingredients I could do it." We asked the registered manager about this and they explained that they were reviewing people's individual care plans to identify any skills they wanted to develop. They said the keyworker would take a lead role in ensuring that each person had an opportunity to develop their skills.

People knew how to make a complaint. One person told us, "I would complain to the manager." Another person said, "I have two complaints with the [registered manager] and they are not resolved." A third person commented, "I would tell one of the staff, who is my keyworker. I have never had to complain." One relative told us, "I would talk to the registered manager or keyworker." Staff told us they would encourage people to put their complaints in writing and that they would inform the registered manager if a person raised concerns about their care. People using the service and their relatives received the complaints procedure to guide them on how to raise any concerns and the process to contact external agencies when their issues were not resolved. The registered manager told us and records confirmed the service had received two complaints. They had responded to and resolved the complaints in line with the provider's complaints procedure.

People were asked for their views about end of life care. Staff asked and recorded people's wishes about how they preferred to receive care when they were at the end of their lives. No one was on end of life care at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

People using the service, their relatives and staff were happy with the registered manager. Their comments included, "She's nice", "The manager is very good" and "Things are getting better." Staff and relatives of people using the service were concerned about the changes at the service and told us they hoped for stability. One health and social care professional commented that there had been issues raised because of a "sudden change of management in the service". The registered manager was being supported by a quality assurance manager on a daily basis who was familiar with the residents and their needs. The home was acquired by a new provider and ongoing recruitment had left the home staffed by a majority of new staff. We talked to the registered manager who said they were confident the staff team would deliver a good service once they settled in their roles. They explained the change of staff was inevitable because the provider sought to employ a team that understood their vision.
People and staff were asked for their views about the service. The provider had plans to carry out annual quality assurance surveys. People using the service and their relatives told us the registered manager had an open door policy and they were able to meet or contact them to discuss the quality of the service. Family and friends were happy with the contact arrangements, as they were able to share their views about any aspect of the service that included quality of meals, activities, staffing levels and people's access to healthcare services. Records showed the registered manager and provider had an ongoing plan to address the issues raised. However, we found that the quality assurance systems in place had failed to identify or address the shortfalls we found during the inspection.

People's care was reviewed to ensure staff delivered high standards of support. Quality assurance systems were in place to monitor care delivery at the service. The registered manager carried out regular audits on medicines management, risk assessments and management, care planning and record keeping. The provider ensured recruitment procedures were followed and completed including induction of staff and completion of mandatory training. Health and safety checks including fire alarm tests were carried out and repairs and maintenance work logged and completed. Senior management had oversight of the management of the home and audited the quality of the service. Action plans were put in place to develop the service, for example, the service had recently been refurbished and a new cooker bought to replace a non-working one.

Staff commended the registered manager for her focus on ensuring people received person centred care. Comments included, "She wants us to provide the best care possible" and "[Registered manager] is hands on and will demonstrate how to do any task you are not sure of." The registered manager discussed with staff the provider's vision of delivering care that met people's needs. They told us they were building a new team of staff with a focus on delivering an open and transparent service. Staff said the registered manager encouraged them to be honest when things went wrong and to learn from their mistakes. Information about people was shared appropriately in daily handovers, communication book and team meetings. The registered manager conducted regular meetings with staff where they discussed developments at the service, shared updates on people's health needs and support plans, keyworking roles and reviewed incidents and accidents. Staff told us the registered manager encouraged them to share their views about the service and said their feedback was acted on.

The provider ensured staff had guidance about delivering care in line with best practice guidance. Staff told us they familiarised themselves and had access to the policies and procedures on how to deliver effective care. There were up to date policies on medicines management, infection control, safeguarding, whistleblowing and health and safety among the ones we reviewed. Staff told us they used the policies for guidance when needed.

The registered manager understood their responsibilities to inform the Care Quality Commission (CQC) of significant events as required by law. Notifications were submitted to the CQC in a timely manner. This enabled CQC to determine whether appropriate plans were in place to keep people safe.

People benefitted from the partnership between the registered manager and other health and social professionals and agencies. One health and social care professional commented, "The new manager has been very proactive in engaging with the local social work and health teams to ensure that the needs of residents are being addressed and guidance for support followed." The close working relationship enabled the staff to understand how to deliver care in line with best practice guidance. Records showed the involvement of other agencies in ensuring people received joined up care and in line with legislation.

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 done everything reasonably practicable to make sure that people who use the service received care and treatment that is appropriate. Regulation 9 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person. Regulation 11(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises were not suitable for the purpose for which they were being used. Regulation 15 (1) (c)