Wilson Care Resources Limited

Wilson Lodge

Inspection report

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Date of inspection visit:
27 September 2017
28 September 2017
06 October 2017

Date of publication:
13 July 2018

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

We carried out this unannounced inspection on the 27 and 28 September 2017 and arranged to return on the 06 October 2017 to complete the inspection. Wilson Lodge provides care and support for a maximum of 36 people who are living with mental health conditions. There were 29 people living at the home at the time of the inspection. There is 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.

We inspected Wilson Lodge in 09 and 10 December 2016 and found improvements were required in the environment as it did not consistently provide people with a safe and comfortable place to live. Improvements were also required in the checks and systems to ensure the safety and quality of the service. The provider documented the action they would take in a plan. We inspected again on 7 June 2017 to check improvements made against the plan. We found some improvements had been made, however some people told us they felt unsafe in their home and we found there were no robust procedures or processes in place to ensure people were protected.

This inspection identified that the plan had been somewhat effective; some improvements had been achieved. However, improvements were still required in some areas.

People now told us they felt safe living at the home and with the support of staff. However, we found incidents of a safeguarding nature had not been routinely identified and reported by staff. Some staff were unclear about when to report concerns, therefore we could not be assured that all incidents had been reported as required to support people stay safe.

Some improvements to the premises had been completed but further improvements were required in a timely way. We found two toilets where a strong odour was present; relatives and staff told us this needed addressing. We also found some remedial work in the bathrooms that was still in process or where equipment had been ordered but had not yet been fitted.

People and staff told us there were enough staff to meet their needs and we saw people's needs met in a timely way. People said staff supported them to take their medicines when needed and we saw there were systems in place to monitor medicines administration.

Staff had a good knowledge about the people they supported and told us they received the right training for their role.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). Staff sought the consent of people before providing care and they could choose the support they received.

People were happy with the choice of food they received. People were supported to access health care professionals and staff were responsive to the advice received in providing care.

People told us staff were caring and we saw people were comfortable around staff providing care. Relatives told us people had developed good relationships with staff. We made observations that people's privacy and dignity was maintained by caring staff.

People received care that met their individual needs. People were supported to enjoy various activities both within and outside the home. People told us they enjoyed the support of staff in activities and relatives and staff told us this support had improved and people were now enjoyed more activities.

Relatives said communication was good and staff and the registered manager was available to them. They said staff listened to them and they felt confident they could raise any issues should the need arise.

People, relatives and staff told us improvements in the service had been made. Since our last inspection checks and audits had been introduced by the registered manager. The governance systems had been completed but they had failed to identify that incidents that should be reported as safeguarding incidents had not been recognised by staff as safeguarding so that appropriate referrals made for these incidents to reduce the risk of harm to people. We found that three reportable safeguarding incidents had not been notified to CQC as required and governance systems had not identified this.

Checks had also failed to identify some environmental improvements required, for example, the need to replace stained carpet in one area and incorrectly fitted fixtures in one bathroom. Some environmental improvements had been completed but further action was required to ensure that further improvements made in a timely way.

People, relatives and staff felt the home was well managed and improvements had been made. Staff spoke highly of the management team and of the teamwork within the service. Staff were supported through supervisions, team meetings and training to provide care and support in line with people's needs and wishes.

You can see what action we have required the provider to take in the back 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

The service was not always safe.

Safeguarding incidents had not been routinely identified and reported to provide support to people to stay safe.

Improvements had been made but some planned improvements to the premises had not been completed in a timely way.

People received care from staff who they felt safe with. Staff supported people to take their medicines when they needed them.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training and on-going support and respected their choices.

People enjoy the meals provided and menus we saw offered variety and choice. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People and relatives spoke positively about the care of staff and the registered manager and said support was provided with dignity and kindness.

People were listened to and were supported to maintain their independence and make their own decisions and choices.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs. Staff provided care that took account of people's individual needs and preferences and offered people choices.

People and their relatives were supported by staff to raise any comments or concerns about the service.

Is the service well-led?

Requires Improvement

The service was not always well-led

Since 2013 the provider has been unable to assure CQC that governance systems were in place to provide a consistently safe service and to identify and drive the changes required to improve the service.

Governance systems failed to identify that incidents that should be reported as safeguarding incidents had not been recognised by staff so that appropriate referrals could be made to reduce the risk of harm to people.

Governance systems failed to identify that not all reportable incidents had been notified to CQC as required.

Quality monitoring systems were not consistently effective or robust enough to ensure areas for improvement were identified and that action was taken in a timely way.

People and relatives said improvements had been made and the service was well managed.

Staff spoke highly of the management team and of the teamwork within the service and felt supported in their roles

Wilson Lodge

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 unannounced inspection took place on the 27 and 28 September 2017 and we arranged to return on the 06 October 2017 to complete the inspection. On the 27 September and 06 October the inspection was carried out by one inspector. On 28 September the inspection was carried out by one inspector and a Specialist Advisor with knowledge of the needs of people who experience mental ill health.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We also received feedback from the local clinical commissioning group who monitor the quality of the service and also asked the local authority if they had any information to share with us about the service. The local authority is responsible for monitoring the quality and for funding some of the people receiving care support. We used this information to plan our inspection.

We visited the home and spoke with nine people who lived there. We also met other people who lived at the home. Some people living at the home did not have the capacity to speak to us due to their health conditions. We spent time in communal areas observing how care was delivered and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke to two relatives by telephone following the inspection.

We spoke with the provider, the provider representative, the lead nurse, one member of nursing staff, three care staff; one senior carer and an acting senior carer. We also spoke to a cook and a student nurse on placement at the home from Birmingham University. We also spoke to a two healthcare professionals who were visiting the home on the days of our inspection and we spoke on the telephone to two night care staff.

We looked at records including parts of five people's care plans and medication administration records for three people. We looked at four staff files including a review of the provider's recruitment process. We looked at complaints and compliments, incident and accident reports and quality checks and audits to see how the provider monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last three inspections, we found on-going concerns in respect of the premises of the home and found that the registered provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not live in premises that were clean and well maintained. At this inspection, we found some improvements had been made but further improvements were required to ensure all work required was completed in a timely way.

During the inspection, we found a strong offensive odour in two of the communal toilets; we also found the carpet outside one of the toilets heavily stained. One of the relatives we spoke to told us that although there had been many improvements across the home one area that still needed addressing was the toilets.They said, "The toilets are dirty. It's not the cleaners fault, they do their best. They need more cleaning staff." Three staff also said the cleanliness of the toilets needed improving. One member of staff commented, "The toilets are one area that need more improvement; there needs to be more domestic staff."

We checked the cleaning rotas and saw that one cleaner was currently employed five hours each day; in additional there was a maintenance worker who completed deep cleaning during the week. We discussed this issue with the provider told us that new cleaning products had been tried and continually running fans had been purchased and were due to be fitted to help with the odour along with new ionisers (odour neutralising products). A new member of domestic staff had also been appointed and was due to start within the next two weeks to increase the cleaning of the communal areas. Following our inspection the provider confirmed that they had also sourced an external company to sasses and supply additional equipment to improve the odour management. The provider also advised the stained carpet would be replaced following our inspection.

We found that in one bathroom there was an exposed hot water pipe that was positioned next to the shower and there was a risk of people coming into contact with the hot pipe. We discussed this with the provider; they advised that safety measures had been put in place, for example, the bathroom was could only be used by people with the assistance of staff. In addition they had also reduced the temperature of the pipe via external valves. The provider said this minimised the risk to people.They agreed that a permanent casing to cover the pipe was required and advised this was on order.

One bathroom had recently been refitted to provide a cleaner, brighter environment for people and we were told the bathroom had been in use for a period of two weeks. However we found a small pipe had also been left exposed and needed an end fitment to be added to keep people's skin safe if they came into contact with the pipe. We also found the tap had been fitted in reverse so that hot water was coming out of tap when the cold handle was turned. We checked the temperature and it was marginally hotter than the recommended maximum temperature. The provider said following the inspection these issues would be immediately corrected.

At the last comprehensive inspection on 09 and 10 December 2016, we found people could not be confident they would consistently have enough hot water to bathe or shower and records were not available to show

that checks had been undertaken as frequently as required to ensure equipment and facilities were in good order and safe to use.

At this inspection we found new electric showers had also been fitted to ensure hot showers were available when people wanted them. We also checked the maintenance of the lift and saw that service checks were now in place. We also found other improvements to the environment were in place. For example, previously we found two bathrooms had flooring that got very slippery when it was wet. At this inspection we saw the flooring had been replaced in two bathrooms and work was due to start on the third bathroom within the next two weeks. In the meantime a non-slip matt was in place in the shower area of the bathroom. We checked and the matt had been secured to stay in place and was clean and odour free.

People and relatives told us of the improvements made in the environment of the home. One person said, "It's much better now and I like my room." One relative also commented on some of the improvements made and said, "Things are definitely improving." We also saw the relatives of one person had written into the registered manager to say, "The home is a much brighter and happier place to visit." Staff also confirmed that action had been taken to improvement in areas such as the bathrooms, one member of staff said, "I've worked here for a long time and it's much better, it's now replace rather than repair."

We found that allegations of abuse and matters of a safeguarding nature had not been routinely identified. We found three potential safeguarding incidents that had not been identified and reported. We saw that although two incidents concerned one person their care plan had not been updated to reflect these incidents. In addition we checked the handover notes for the dates of the two incidents and found these were not recorded and reported to staff coming onto duty so they were aware. During the inspection the inspector raised safeguarding alerts for the three incidents identified.

We spoke to staff about safeguarding people and they were clear about when to report an incident and said if they had any concerns they would report these to one of the nurses on duty however our findings were that staff did not consistently record and escalate concerns appropriately. We spoke to the nurses about this; one of them was unclear about when to report concerns. We found that although some concerns had been reported appropriately, we identified concerns that had not been reported therefore we could not be assured that all incidents had been reported as required so that action could be taken to reduce the risk of harm to people.

Failing to protect people from abuse and failing to have systems in place that will identify and ensure abuse is reported is a continued breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us they felt safe living at the home. One person told us how the staff looked after them and said, "I am happy here." Another person commented, "We all come together and get on. It's better now." Relatives we spoke with told us they felt confident that their family member's were safe at the home. One relative said, "They [staff] do everything they can to keep [family member] safe."

We observed support provided to people in the two communal lounge areas and we saw people experiencing anxiety and distress. We saw staff respond and offer reassurance, which was effective in supporting the person and we saw people becoming settled in response. We saw that there was a member of staff in place working between the two lounges. Staff this was checked by the registered manager and it enabled them to provide timely support to people and helped identify and de-escalate potential incidents and promote people's safety. One member of staff said, "Things are better with the floater [member of staff between two rooms]. They can see all areas and pick up any signs and then distract people if needed. It

helps us keep residents safe."

People were supported by sufficient care and nursing staff and during the inspection we observed that staff were available to support people promptly. People said staff supported them when needed and staff we spoke with confirmed there was enough staff to support people's needs. Staff told us people were supported to attend day centres which sometimes left staff numbers reduced on the floor, but said both the nurses and the registered manager would provide support if needed.

The provider had a robust recruitment process in place and had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Routine checks had been carried out on the registration of nurses working at the service to ensure that their registration was current. Completing these checks reduces the risk of unsuitable staff being recruited.

People's medicines were managed by nursing staff at the home. Two people we spoke told us about their medicines and were happy that they got these when needed. One person said, "They [staff] help with my medicines. It's good because they sort them all for me." We spent time with a member of the nursing staff during a medicine round and saw that staff asked people for their consent before supporting them to take their medicines.

We looked the medicines records for six people. Nursing staff kept records of the medicines they had given and when. We found appropriate systems were in place for the storage of medicines. There was evidence of checks on nurse competencies to administer medicines. Checks of the MAR (medicine records) were completed and action taken if required.

Good

Is the service effective?

Our findings

Relatives we spoke with felt staff had the knowledge to support people with their needs and provide effective care. One relative told us, "Since [family member's name] has been at the home they've improved so much and become much calmer." Another relative commented, "They [staff] know what they are doing. They know the most effective approach to take."

Staff we spoke with told us that training helped them to do their job. All staff confirmed that the training was good and they were able to give examples of how training had impacted on the care they provided. For example, two staff told us how diabetic training helped them to provide better support people.

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.

One relative told us when their family member needed help a best interests meeting had been held involving themselves, staff from the home and their family member's GP. The relative told us they valued being involved in the decision. We saw staff asking for people's consent before providing support. We saw that when one person refused support, the staff member respected this.

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). We checked whether the service was working within the principles of the MCA and saw that the registered provider had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. Applications had been made and ten DoLS authorisations were in place.

People told us they enjoyed their meals and on the day of our inspection we saw people enjoy their lunch and that they were supported with drinks throughout the day. One person told us, "I love the curry, it's my favourite." One relative we spoke with said, "The food is good, [family member's name] eats well." We saw people were supported with a choice of meals and condiments were available to flavour their meals to their own choice. People were offered an extra helping if they wanted more.

We spoke to a cook who was covering for the chef who was on leave on the day of the inspection. They were knowledgeable about people's dietary needs, for example where people required softened meals. They advised that they worked to a six week menu plan and as they also served the meals and assisted people they could see which meals people enjoyed.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. People told us they were

supported to see their GP when they required it. One person said, "I can see my doctor when I want."

Relatives told us they were happy with the actions taken by the staff in monitoring people's healthcare needs. One relative told us that when their family member was unwell; staff had sought advice from the GP and their condition had now improved. They also told us, " [Family member] has been supported to the hospital, and the GP also does regular checks." During the inspection we saw one person supported to attend a medical appointment. The member of staff who accompanied them ensured care notes were updated to reflect the appointment so that information was shared with other staff. One member of staff told us the staff team were, "Proactive and people are support all appointments."

Good

Is the service caring?

Our findings

People spoke positively of the staff and said they were very caring. One person said, "Staff are good. They are kind." They went on to tell us about two particular staff who they described as, "Excellent." Another person told us, "The carers (staff) are good we get along." Relatives also told us staff were caring. One relative said, "All the staff are great. The whole family is happy with the care [family member's name] receives."

During our inspection we saw staff approached people in a friendly manner and we heard staff chatting with people as they walked around the home, offering people support and reassurance where necessary. For example, when one person was anxious we saw one member of staff talk to the person about their hobby. We saw this helped relax the person and they became more settled. We alter spoke to the person and they told us about their hobby, it was clear how important it was to them and how they enjoyed staff and other people taking an interest.

People were able to make choices about when to get up in the morning, what to eat, what to wear so they could maintain their independence. One person told us, "I get up when I want and I've got a key to lock my room so I only go back when I need to." People were also encouraged to maintain their independence. One person told us how staff supported them to go to the shops. Another person told us how they were staff were helping them pick clothes for the holiday they were planning. We also saw staff gently encourage people in day-to-day tasks. For example, we saw staff ask people if they could help tidy up their own plates after lunch.

People told us support was provided in the way they wanted. One person said, "They [staff] do listen to me." Staff took into account people's individual needs and responded accordingly. Example, we saw staff support one person by talking to them about a previous conversation; staff advised us the person liked routine and needed reassuring that things had not changed.

People's friends and relatives visited when they chose. Relatives we spoke to said they felt welcomed by staff. One relative told us, "They [staff] make us welcome when we visit." They said they felt their family members were respected by the staff and they said staff treated them with dignity. One relative said, "Staff treat them with respect, there's no doubt about that. "We saw staff knock on bedroom doors and wait for a response before they entered and speak discreetly when offering people personal care.

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "To me this is my family. I love the residents and I enjoying caring for them." Another member of staff told us, "The people are great, when I have a few days off they say I miss you, what can be better than that?"

There were people from different cultural backgrounds living at Wilson Lodge. We saw that foods were purchased to enable people to enjoy dishes that were reflective of their cultural. For example, the cook and staff told us of the meal options prepared in support of people's faith. People were also supported to

practice their faith, for example, two members of staff told us about one person who was supported to attend their place of worship each week.

Good

Is the service responsive?

Our findings

People told us they got the support they wanted. One person told us, "I'm happy here because the staff listen to me, they are very good in that way." Relatives also told us they felt staff were responsive to people. One relative commented, "They [staff] know [family member's name] very well. They are very particular and staff know this and they work with [family member very well." Another relative told us their family member had made great progress since being in the home and as a result of staff support. They said, "They are doing so much better. They are doing more [activities] and seem so much better for it. They look better and enjoy things more."

People told us they were involved in planning their care. One person told us, "They always ask me what I want to do." Relatives we spoke with confirmed that they were asked about their relatives care. One relative told us, "When things changed recently we had several meetings to discuss the best way forward." The care records we viewed included information for staff on people's needs and wishes.

Staff we spoke with told us they understood people's needs from supporting them, understanding their behaviour and sharing their understanding with other staff. One member of staff said, "All the residents are unique, we know what they like and dislike and we share that knowledge." We saw that staff shared information as people's needs changed, so that people continued to receive the right care. This included information shared at staff handover, where the support required for individual people was recorded. It was evident that staff had a good insight into people's personal routines and preferences.

People told us they were supported to by staff to attend community day centres, go to the shops or to go out on leisure activities. One person told us, "They [staff] organise things for me to do. It's much better now – I am busy." One person told us how they enjoyed shopping and another person told us they enjoyed fitness sessions. Relatives told us people were well supported, one relative said, "[Family member] has started to go swimming, they really enjoy it. They are doing more and they love it." Staff also confirmed that people were now supported to do more activities, one member of staff said, "People are going out more regularly. We encourage people to do more; it's good to see them out and about."

Some people at the home were being supported to go on holiday together. One person told us they were excited about the holiday and were buying clothes in preparation. One relative also commented on the planned holiday and how their family member was looking forward to it. We heard staff talking to people about their plans and asking them what they wanted to do while they were away.

Two relatives we spoke to told us communication was good and staff let them know when things changed in their family member's health. One relative told us, "They [staff] get in touch and keep us up to date." Staff were able to tell us about the level of support people required.

The provider had a complaints process in place should they need to record any complaints. We saw that where a complaint had been received action had been taken and the person involved to find a suitable outcome. We saw information on how to complain was available to people in suitable formats for people

living at the home. People and relatives we spoke told us that had not had reason to complain but felt able to speak openly to staff and were assured action would be taken if needed. One person said, "No complaints but if I did I would soon shout." One relative said, "No complains but when I've mentioned grumbles to the staff they have taken action."

We saw that people were given opportunity to feedback about the service in regular residents meetings that took place with all the people living at the home. A questionnaire had also been sent to all residents and relatives asking for feedback on the service. Overall the feedback was positive and we saw where areas for improvement had been suggested some actions had been taken. For example, people commented on the lack of a complaints procedure, in response a new procedure had been produced.

Requires Improvement

Is the service well-led?

Our findings

Since 2013 the provider has been unable to assure CQC that governance systems were in place to provide a consistently safe service and to identify and drive the changes required to improve the service. At our last inspection we identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not ensured the systems to check on the safety and quality of the service were adequate. After our inspection we met with the registered provider and they provided written information about the action they would take to ensure this breach was addressed. At this inspection we found that although improvements had been made, these had not been adequate to comply with the legal regulations or to consistently ensure people would receive good and safe care. This breach was not met.

At this inspection we found that the registered manager had introduced a number of audits to monitor the quality and safety of the service. We looked at these because we wanted to see how regular checks and audits led to improvements in the home. However we found these were not always effective and the audits had not identified the concerns that we found at our inspection.

For example, audits were in place to monitor any incidents and record the actions taken in response. The audits had been completed but they had failed to identify that incidents that should be reported as safeguarding incidents had not been recognised by staff so that appropriate referrals could be made for these incidents to reduce the risk of harm to people.

Audits completed by the management team had also not identified that staff needed support to update their knowledge on the protection and safeguarding of vulnerable people. For example, when we spoke to staff they told us all concerns would be reported to the nurse in charge. When we spoke to the nurse in charge they were unclear about when safeguarding referrals should be made to the local authority. In addition, one member of staff told us they felt some staff would benefit from better knowledge as they felt they did not always recognise all incidents all incidents of verbal abuse as a safeguarding incident. This means we could not be assured that all safeguarding incidents would be recognised by staff and reported as required in order that action could be taken keep people safe and to minimise the risk of further incidents.

We also found that further and timely improvements were also required in the environment of the home. For example, the provider told us they completed a regular walk around of the home to check the environment. However, we found some areas that needed addressing that were not on the provider's action plan. For example, we found heavily stained carpet outside one toilet. We found records of the carpet being cleaned but we could not identify that staff had alerted the provider or provider audits had identified that the carpet needed replacing. We also found incorrectly fitted fixtures in one bathroom that had not been noted or actioned. When we brought these to the attention of the provider they agreed action was needed and would be added to their action plan.

We saw that the provider had an action plan in place to address identified issues in the environment of the home. We saw some improvements had been made and this was acknowledged by people, relatives and

staff we spoke with, however we could not see a clear timescale for resolution of some areas. For example, the strong odour in the toilets or the exposed water pipe in the bathroom.

The registered manager and registered provider acknowledged the areas we identified and were open in their conversations with us about the timeliness of improvements and agreed that continued improvements were needed in the service.

People did not benefit from a service that was consistently safe, and continually improving. The systems to check on the safety and quality of the service were not adequate. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Audits also failed to identify that not all reportable incidents had been notified to CQC as required We found that three reportable incidents for which notifications had not been submitted. Failure to notify reportable incidents is a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

We spoke with the provider and the provider's representative, they both acknowledged that further improvements were required and some improvements had taken longer than they had originally expected. They agreed to re-visit their action plan to ensure there was a more co-ordinated and managed approach to the areas that still needed addressing and improving.

People told us the service was improving and they were happy with the way the service was managed. One person said, "I'm happy here it better with [registered manager's name] in charge." Relatives we spoke complimented the improvements made by the registered manager. One relative said, "Things are definitely getting better." A second relative said, "The whole home seems calmer, brighter and better; not just for [family member's name] but for everybody else too."

All staff we spoke with also felt the home was well managed for the people who lived there and the service was improving. One member of staff said, "I have worked here a long time and it's the best it's ever been. People are better supported and the environment is better." Staff also felt supported in their roles, one member of staff said, "If you need help or advice you only have to ask. Training is also much better now [registered manager] is in charge."

The registered manager told us they felt supported by the provider who made visited the home each week and they also meet with for a weekly 'catch up' meeting. To keep their knowledge up-to-date they also attended training and managers meetings run by the Clinical Commissioning Group (CCG). The provider was also looking to link up with another home locally to share good practice and provider support to one another.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Failing to have systems in place that will identify and ensure incidents of abuse are recognised and reported to keep people safe.

The enforcement action we took:

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance People did not benefit from a service that was consistently safe and continually improving. The systems to check the safety and quality of the service were not adequate.

The enforcement action we took:

We imposed a condition on the provider's registration telling them what action they needed to take in order to become compliant with this regulation.