

# London and Manchester Healthcare (Fulwood) Limited

# Hulton House Care Residence

## 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?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Hulton House Care Residence is a dementia specialist care home providing personal and nursing care to 52 people at the time of the inspection. The service can support up to 74 people across four separate units, each unit has separate adapted facilities. Two of the units specialise in providing care to people living with complex dementia nursing needs.

### People's experience of using this service and what we found

At the last inspection, we found people were at risk of avoidable harm because they were not always supported by staff with the skills or experience to keep them safe. At this inspection, we checked to see whether improvements had been made and found that they had.

Since the last inspection, the service had a new management structure in place who had worked hard to implement an improved culture with an emphasis on providing high quality care and support. Staff told us they welcomed and valued the changes made by the new manager, were well supported and felt happy in their role. One member of staff told us, "The biggest difference is the change in positive culture, it's now an open culture, whereas it was once closed."

The service had recruited numerous new staff and had implemented a programme of training to help equip staff with the skills and knowledge they needed to care for people living with complex dementia needs.

Although there were still some gaps in training for staff, this had been identified by the service and training courses had been arranged.

There were still some issues around the safe management of medication, but this was mainly amongst agency staff who were unfamiliar with the service's processes.

Any incidents which were deemed to be a safeguarding concern had been referred to the local authority and shared with us appropriately, meaning the service were committed to being open and honest when things had gone wrong.

Accidents and incidents were reported, and processes were in place to help identify trends and themes to help prevent recurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did supported best practice.

We observed staff deliver care and support with kindness, respect and dignity.

We received positive feedback from people's relatives about the care and support provided to their family member.

People enjoyed living in a safe environment which was considerate to the requirement and needs of people living with dementia.

Staff used PPE appropriately and followed infection control practices which helped protect people from the risk of transmitting COVID-19.

Although significant improvements had been made since the last inspection, further time was required to ensure that new systems were fully embedded, and consistency of improved practice was evidenced.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection (and update)

The last rating for this service was inadequate (report published 12 October 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found although improvements had been made, the provider remained in breach of one regulation.

This service has been in Special Measures since 12 October 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hulton House Care Residence

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and a medicines inspector.

#### Service and service type

Hulton House Care Residence is a 'care home.' People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

### During the inspection

We undertook a tour of the service and spent time in each of the four units. We spoke to two people who used the service. Due to the complexity of people's needs and the restrictions of COVID-19, not everyone was able to talk with us, so we observed the delivery of care and support throughout the day. We spoke with six members of care staff, a senior carer, two registered nurses, the quality assurance lead, the registered manager, the deputy manager and the chef. We observed a medication round and reviewed multiple medication records.

### After the inspection

We spent one day onsite and the rest of the time was spent collating and analysing evidence offsite following the inspection. This was to limit time on site during a pandemic. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We looked at multiple staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including quality assurance audits were reviewed. We also looked at six care plans.

We spoke with six relatives to gain their views of the care and support provided. We spoke with two professionals who regularly visit the service and participated in multi-disciplinary meetings with the local authority and health commissioners to discuss the level of risk at the service and gain assurances from commissioners about their oversight of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At the last inspection we found that medicines were not always managed and administered safely. This meant that people were at risk of not receiving their medicines as prescribed, and in line with best practice guidance.

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

At this inspection we found not enough improvement had been made and the provider remained in breach of regulation.

- Although we observed staff to be calm and caring during the administration of medicines, medicines were not always administered in an effective or safe manner.
- Medicines were not always available in the home to give as they were out of stock.
- The quantity of medicines in the home did not always match what was on the Medicines Administration Record (MAR). This made it difficult for staff to audit whether medicines had been given.
- Topical MAR charts did not always guide staff to where the topical medicines (medicine applied to the skin) should be applied.
- Although care plans were in place to enable medicines to be given in a covert way (disguised in food or drink), they were not always administered by staff in a safe or effective way.
- Handwritten MAR charts completed by staff were not always correct and were not always checked by another member of staff for accuracy.

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

### Systems and processes to safeguard people from the risk of abuse

At our last inspection we found that people were not always protected from the risk of harm and abuse and there was a failure to report on and safeguard incidents appropriately.

This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

- The registered manager had worked hard to help develop a more positive and open culture. Any incidents which exposed people to potential or actual harm were identified and reported appropriately to the relevant external agencies.
- Information about safeguarding incidents were shared with staff by members of the management team to encourage a lessons learnt culture. Staff had received training in safeguarding and told us they felt able to speak openly to the senior management team and that they would not hesitate to raise anything of concern.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection people were not always being supported in a safe way.

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

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

- People and their relatives told us they felt Hulton House provided a safe service. A relative told us, "Oh yes, it's very safe and there is lots of space for people to walk and move around."
- Effective systems were established to ensure checks to monitor the safety of the environment were completed to help keep people safe. Where issues had been identified, actions had been put into place to address them.
- People's care records contained up to date and appropriate risk assessments. This meant staff had guidance on how to manage and mitigate any identified risks to people, for example, risks from falls and pressure wounds.
- People's care records reflected their current care and support requirements and contained any guidance or advice which had been provided by external health care professionals.
- Staff recorded accidents and incidents such as behaviours that challenge and falls on the electronic care planning system. This information was then reviewed by managers to help ensure risk in the service was effectively managed and subsequently mitigated.
- Staff received a handover before being deployed to support people to ensure they were kept up to date about the needs of people they supported. Staff told us communication in the home was very good and they were kept fully up to date.

Staffing and recruitment

At the last inspection staff were not always recruited or deployed in a safe way.

This was a breach of regulation 18 (Staffing) and regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

- Recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.
- Since the last inspection, the service has recruited a high number of new staff. Staff rotas showed there were sufficient numbers of suitably qualified, competent and skilled staff deployed. A member of staff told us, "There's enough staff, and even if agency staff are used, they are well known to us and the residents, there's no difference between us, we are just part of the same team."
- The provider ensured staff were of good character and had the necessary training and skills to support

people in a safe way.

- During our inspection, we spoke to agency workers who had been deployed to support people on one to one supervision. Staff were able to tell us about the person's needs and preferences.

#### Preventing and controlling infection

At the last inspection people were not being safeguarded from the risk of transmission of COVID-19 and other infectious disease because of inadequate infection prevention and control processes.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

- We were assured that the provider was using PPE effectively and accessing regular testing for staff.
- Staff had received formal training in infection, prevention and control. We observed staff using PPE appropriately.
- The service was facilitating visits for relatives in line with best practice guidance. A relative told us, "The visits are very well managed, I wear PPE and so do staff, I feel completely safe."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

Although we were assured the effectiveness of people's care, treatment and support achieved good outcomes, further time was required to ensure that new systems were fully embedded, and consistency of improved practice was evidenced.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
At the last inspection we found people's welfare had been significantly affected because their person-centred needs had not been effectively assessed. Systems were either not in place or robust enough to ensure specialised support was provided. This placed people at risk of harm.

This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes.
- The service employed a full-time activities co-ordinator who had worked hard to find out about people's backgrounds in order to help facilitate activities which were truly meaningful to the person. They commented, "Care and time are taken to really dig deep and find out about the person. That information is then fed into the care plan and shared with staff to enhance the deliverance of true person-centred care."
- During our inspection, we observed positive and warm interactions between staff and people being supported. One member of staff sang a person's favourite song to them when they were distressed, the person was visibly comforted and calmed by this interaction.
- Care records showed people's mental health needs, psychological and emotional needs, including the management of behaviours that challenge had been assessed and guidance was in place for staff on how to effectively manage this.

Staff support: induction, training, skills and experience

At the last inspection we found not all staff had received appropriate support and training to enable them to carry out the duties.

This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

- Since the last inspection, the service had recruited several new members of staff. A revised induction programme had been implemented to help ensure staff were supported into their role and responsibilities. One staff member told us, "The training and induction are very thorough, I've also had dementia care training, which is really important as it gives me a greater understanding of the needs of people being supported."
- Although not all staff had completed MAPA (Managing Actual and Potential Aggression) training, training for those staff had been scheduled to take place in the near future. Staff rotas showed that on each shift, there were enough members of staff who were MAPA trained and could appropriately respond to and manage people's behaviours.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we found there was a failure to ensure people were effectively supported in line with principles of the MCA and associated DoLS.

This was a breach of Regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

- Consent to care and treatment was sought in line with legislation and guidance. During the inspection, we observed staff asked people for their consent before any intervention.
- People's care records showed that care and treatment had been provided with the consent of the relevant person. Mental capacity assessments had been completed appropriately for people when needed, and there was evidence that best interest decision meetings had taken place for people who had been assessed as not having capacity.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. Menus evidenced a choice of nutritional and balanced meals. A relative told us, "The quality of the food is unbelievable."
- Information regarding people's nutrition and hydration needs was recorded in their care records. Where people had been identified as having specific dietary needs, such as a diabetic diet, there was appropriate guidance for staff on how to best support them.
- Where people had been assessed as being at risk of losing or gaining weight inappropriately, records

showed that nutritional and hydration intake had been monitored. It was evident that for people at risk of weight loss, they were weighed on a regular basis and any loss of weight was acted on, such as referral to a dietician.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care records evidenced appropriate inter partnership working. People were referred to external health care professionals when needed. One health care professional who regularly visited the service told us, "The inter collaborative work has definitely improved at the home. Staff are more experienced and trained now."

Adapting service, design, decoration to meet people's needs

- The premises were clean, spacious and well maintained. The environment had been considered around its adaptation, design and decoration for people living with dementia and other conditions which affected cognitive ability. People were able to move around freely and there were designated areas for either quiet time or occupation, for example, a pub themed bar and a mock laundrette. The service was set in pleasant grounds and people had access to outdoor space.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

Although we were assured that people felt well-supported, were cared for and treated with dignity and respect, further time was required to ensure that new systems were fully embedded, and consistency of improved practice was evidenced.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At the last inspection we found there was a failure to ensure that people were treated with respect, dignity and their human rights considered at all times. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

- People were treated in a person centered and empathic way, which simultaneously respected their dignity and independence. We received positive feedback from people's relatives about the care and support provided, comments included, "Staff are so good, I simply can't praise or thank them enough" and "[Name] gets very anxious about new faces. When [Name] was in hospital, the home sent in their own staff to look after [Name] 24 hours per day. I am amazed, the home really went above and beyond."
- During the inspection, we observed staff interact with people in a positive and meaningful way. Staff showed patience, kindness and understanding when supporting people living with dementia.
- Although people were at risk of abuse from other people who lived at the service, due to the nature of their health conditions, the service had taken positive action to minimise the risk to people in order to respect their human rights and dignity.
- People's care records contained detailed information about their life history, likes, dislikes and preferences. People's life histories had been written with input from people's relatives and had been written in a compassionate and meaningful way. Such information helped staff to develop a greater understanding of the person they were supporting and aided staff in delivering individualised and dignified care.

Supporting people to express their views and be involved in making decisions about their care

- People's care records and minutes of resident meetings showed people were encouraged to express their views and be actively involved in making decisions about their care and support as far as possible.
- Relatives told us their views were also consulted, one told us, "I used to visit daily before lockdown and staff allowed me to help and be involved with [Name's] care, this not only helped me, but [Name]."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

Although we were assured that people's needs were met, further time was required to ensure that new systems were fully embedded, and consistency of improved practice was evidenced.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection we found there was a failure to ensure people received person-centred care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

- People received personalised care that was responsive to their needs. People's care records showed that support was balanced around the person's preferences alongside their need for effective support and independence. Care plans had been updated with information for staff on how to employ effective 'distraction techniques' for when the person was distressed or anxious. These techniques were unique to the person being supported, such as listening to their preferred genre of music.
- During the inspection we observed a member of staff use a positive distraction technique to effectively support the person. The staff member used their knowledge about how to support the individual in a person-centred way and this had a significant impact on their wellbeing, in that it reassured and comforted the person.
- Although the service relied on the use of agency staff, the same agency staff were used wherever possible to ensure continuity of care was maintained and staff were familiar with people's needs and preferences. A member of staff commented, "There is good continuity of care for people here, which is really important, as particularly since lockdown, the staff have essentially become the person's family."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received positive feedback from people's relatives in relation to the way staff interacted with people and maintained social relationships, comments included, "Staff walk around and every time they pass a person they interact with them even if it's just to stroke their head, now that's real caring" and "Staff know just how to handle [Name], they even facilitate visits around when the staff [Name] has a good rapport with are on duty, to help [Name] feel at ease, this really helps the visit go more smoothly."
- People had access and choice of various activities when they were scheduled. Activities were both

communal and on a one to one basis to ensure people were engaged in activities which were meaningful to them.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records showed assessment of their communication needs had been undertaken. People were able to move around independently and orientate themselves with means of good signage.

#### End of life care and support

- People's end of life wishes and needs were considered. Advanced care planning was in place for some people and this had been undertaken in a person-centred and holistic way. One relative told us, "I asked if the home would organise for [Name] to have the last rites from [Name's] own priest and they did, that meant so much to us. I have no negative feelings about [Name's] death, it was so peaceful, and [Name] was beautifully looked after. Staff actually came in on their day off to say goodbye."

- There was an end of life policy and procedure in place which provided staff with guidance when a person required end of life care and support.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. People and their relative's complaints were listened to and acted on. In the event people were not satisfied with the way in which their complaint had been handled, the service provided appropriate guidance on how to escalate concerns above home management level.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

Although we were assured that service management and leadership and the culture they created supported the delivery of high-quality, person-centred care, further time was required to ensure that new systems were fully embedded, and consistency of improved practice was evidenced.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found there had been a failure to assess, monitor and improve the quality, safety and welfare of service users and others who may be at risk. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

- Since the last inspection, a new registered manager had been appointed and the management team had undergone a restructure, meaning there was increased oversight at both provider and management level.
- The registered manager demonstrated their understanding of quality performance and regulatory requirements and had made good progress against the action plan formulated at the last inspection, to show what action would be taken to make improvements. Systems and processes to monitor the safety and quality of care were in place, had been further developed and were adhered to.
- The manager was not averse to challenging any shortfalls in practice and had worked hard to embed an improved culture within the service. Staff spoke positively about the manager, comments included, "Things have improved for the better, the new manager is more organised and always available. Staff are happier and morale is up there. I feel confident that anything would be acted on," and "[Manager] is very approachable, knows the residents and listens to all staff, the culture [Manager] has created is very open, I have only heard staff speak positively about [Manager]."
- Unit leaders had been introduced for each of the four units in the service. This helped ensure greater accountability and oversight across each of the units, meaning that any concerns or deterioration of the standards of care provided, were identified and managed in a timely way.
- The provider had quality assurance systems and audits were in place and had appointed a new quality and compliance lead who worked closely with the service to offer support. The registered manager shared any issues and concerns with the provider which enabled the provider to continuously monitor and improve people's experiences of the care and support provided.
- Systems to analyse and learn from incidents and near misses were in place. This helped identify any themes or trends and this information was shared with staff to help reduce re-occurrences and the risk of

people experiencing unsafe or poor quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection we found there had been found a significant number of concerns and safeguarding concerns had not been shared with CQC or the local authority. This meant that CQC could not undertake its regulatory function effectively. This was a potential breach of regulation 18 (Notification of other incidents) of Care Quality Commission (Registration) Regulations 2009.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation.

- Since the last inspection, the new registered manager had recruited a significant number of new staff and had worked hard to implement a positive culture which promoted the provision of high-quality, person-centred care and transparency. Staff were encouraged to raise any concerns or to challenge any poor practices. Staff were also encouraged to provide feedback, not just at formal team meetings, but at any time, the manager promoted an open-door policy. Systems for supporting staff including inductions, supervision and appraisals were implemented to help support the delivery of safe and high-quality care.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk, meaning that CQC were alerted to the current level of risk at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and senior management team told us they welcomed feedback from people, staff and relatives.
- Minutes of resident meetings demonstrated that people's views were consulted so they had a say on the running of the service.
- Staff attended regular team meetings and told us their views were listened to and acted upon by the management team. One member of staff told us, "The manager has an open door policy and the door literally is always open, I can honestly ask [Manager] anything and not feel silly."
- The service worked effectively with others such as commissioners, safeguarding teams and health and other social care professionals.
- Safeguarding teams and commissioners were advised of notifiable events. One external health professional told us, "Although some communications still need improvement, the staff I deal with are very helpful and courteous and care very much for the patients."

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 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always properly managed and administered in a safe way.  12 (2) (g)