Carisbrooke Healthcare Ltd

The Woodlands Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	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

We undertook the unannounced inspection on 12 September 2016. The service provides residential care for 40 older people. On the day of our inspection 27 people were using the service.

The service did not have a registered manager in place at the time of our inspection. The previous registered manager had left in April 2016 the provider had appointed a new manager in June 2016 who was planning to apply to be registered with the CQC as manager. Following our visit we checked and the manager had begun the registration process. 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 and associated Regulations about how the service is run.
When we last inspected the service in April and May 2016 we found there were significant improvements needed in relation to how people received safe care and treatment. People were not adequately supported to have their needs met. Poor staffing levels and unsafe recruitment of staff, poor medicines management and staff training, with the lack of oversight of the quality of the service meant the service provided for people was inadequate. The provider sent us an action plan telling us they would make improvements by the end of July 2106. We found at this inspection that although the manager and provider had made significant improvements to the care people were receiving, there were still further improvements to be made.

These related to the management of risk to people, some people were still exposed to risks. This was due to a lack of, and contradicting information, on risk assessments and care plans.

Previously the provider had not undertaken robust recruitment processes when employing people and we saw the provider had still not taken all necessary steps to protect people from staff who may not be fit and safe to support them. The principles of the metal Capacity Act 20155 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were still not always followed in relation to managing best interest decisions for people who lacked mental capacity to make their own decisions.

Significant improvements had been made to improve person centred care. However due to some conflicting information in some people's care plans which had not been identified by the internal auditing processes there were further improvements to be made.

People were safe as the provider had ensured staff had correct training to enable them to recognise and report abuse. The manager ensured the appropriate authorities were notified and undertook investigations into safeguarding incidents reported to them.

Staffing levels had improved and there was sufficient staff to meet the needs of people who used the service.

There were safe processes in place to ensure people received their medicines when required and the storage and ordering of medicines were well managed. Staff had been given suitable training for their roles.

There had been appropriate applications made to the local authority for DoLS applications. People were supported to eat and drink enough and We saw a number of examples of appropriate referrals to health professionals and we found management of people's health needs were improved.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care. People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner.

People felt able to raise issues of concern and complaints, and we saw evidence to show the complaints had been acted upon.

The provider and manager had taken steps to improve the level of over sight. The manager and provider had undertaken some significant work to improve their auditing process to improve the quality of care given to people who used the service. However there were still some areas which required improvement to maintain the safety of people in their care monitor the quality of the service.

You can see what action we told the provider to take at the back of the full version of the 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.

People were not always safe as they were still exposed to avoidable risks and the provider still lacked robust recruitment processes.

The provider had systems in place to recognise and respond to allegations of abuse.

There were enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

People received their medicines as prescribed and medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The principles of the Mental Capacity Act 2005 to assess a person's capacity to make a decision for themselves and when required how to make a decision in a person's best interest were not being followed.

People were supported by staff who had received training on how they should perform their roles and responsibilities effectively.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Is the service caring?

Good

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Requires Improvement

The service was not always responsive

People's care plans did not provide staff with the necessary information to promote people's well-being.

People were supported to make complaints and concerns to the management team.

Is the service well-led?

Requires Improvement

The service was not well led.

The service had not had a registered manager in post for six month

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

The Woodlands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 12 September 2016. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with six people who were living at the service and five people who were visiting their relations. We spoke with one visiting health professional, nine members of staff, and the manager. 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 the care records of four people who used the service, three staff files and a range of records relating to the running of the service. These included audits carried out by the manager and provider.

Requires Improvement

Is the service safe?

Our findings

When we visited the service in April, May and July 2016 we found people were not always protected from potential abuse. Although some staff were able to identify signs of abuse and understood the process for reporting concerns to their line manager or the Care Quality Commission (CQC), some members of staff had not received safeguarding adults training. The care records staff completed to highlight safety issues did not have the necessary information to highlight issues of concern This meant there may be times when issues regarding people's safety would not be reported, recorded and acted upon robustly. At this inspection we found there had been some improvements made in these areas but further improvements were still required.

We found that managing people's safety had improved. People we spoke with told us they felt safe, one person said, "Yes I feel safe it's one of the main reasons I want to stay (here)." Relatives we spoke with also felt their relatives were safe in the service.

Staff we spoke with told they felt more confident about safeguarding people in their care. They told us training around safeguarding issues had improved. One person said, "I have had the right training to understand my responsibilities." Another told us they, "Had quite a bit of training, and am having an update tomorrow, it's helped me recognise little things that might mean someone is anxious." Staff we interviewed were all able to tell us what action they would take if they felt a person was at risk of abuse.

We received information from the local authority safeguarding team highlighting a number of safeguarding incidences, which had not been reported to us and had not been properly investigated by the provider. We examined records and saw the new manager was addressing this issue and more recently proper investigations had been carried out and appropriate actions had been undertaken to keep people safe from abuse.

We found people who lived at the service were not always protected from individual risks to their safety. The risks to individuals were not always assessed when they were admitted to the service. In addition, the assessments which were in place, whilst identifying risks, did not give staff enough information on how to manage the risks.

We found there had been some improvements in the way people were protected, however we witnessed incidents which showed unacceptable risks to people were still present. For example one person had been assessed by the speech and language team (SALT) as being at risk of aspiration and choking. There was a care plan in place which detailed the person needed a pureed diet and a thickening agent in their fluids. However there was no risk assessment or information in place which detailed the risk of choking or aspiration and gave guidance to staff on how to minimise the risk, for example what to do if the person coughed whilst being supported to eat or drink. We observed a member of staff giving the person a meal and the person was clearly struggling with an aspect of their meal and was coughing. We advised the member of staff to stop giving the person the part of their meal they were coughing on and to speak with the senior member of staff. Discussions with the member of staff showed they had not received training or

guidance in the risks of aspiration and choking. We discussed this need with both the senior care worker in charge of that floor and manager before we left.

We observed another person who was sitting in their room who had been assessed to be at risk of falling. Their risk assessment showed there were a number of measures meant to be in place to help prevent person from falling. These included a sensor mat when the person was in bed and a falls monitor placed on the arm of their chair when they were in their room. When we went to talk to the person the falls monitor device which should have been placed on the arm of their chair was on the floor. We examined the monitor and found it did not contain batteries making it ineffective as a way of alerting staff should the person tried to get up. We highlighted the lack of batteries to the senior carer who addressed the situation immediately. The person had a call bell by their chair, but on speaking with them it was clear the person did not always use the call bell and did try to move unaided which had in the past led to falls. We discussed these issues with the manager who accepted they fell below the standard of care this person should receive.

We witnessed one person who had been assessed as requiring a piece of equipment to assist them to stand being moved by staff inappropriately. We observed the person being supported to stand twice on the day we visited and on both occasions the person did not bear their own weight enough to use this equipment and this resulted in a mechanical drag lift, which is an unsafe method of supporting people. Staff had not recognised this person's needs had changed and sought further guidance from the occupational therapist to ensure this piece of equipment was still safe for the person. Additionally whilst supporting the person to stand on one occasion we observed staff did not follow the instructions on how to use the equipment safely and this placed the person at risk of falling.

These continued risk to people's safety meant the provider remained in breach of Regulation 12 of the Health and Social care act (2008) Regulations 2014.

Nevertheless the majority of staff we observed used appropriate techniques when using equipment to assist people to move or stand and we saw evidence in people's care plans to show advice had been sought on the type of equipment which should be used to minimise the risk of falls and to reduce the risk of injury if they did fall. We saw sensor mats in place where required and regular checks on people who spent time in their rooms. We saw staff ensured there was always someone to assist people when they were in the communal areas. A relative we spoke with told us their relation's needs had changed recently in that they required two members of staff to support them when walking. They said that there were always two staff members and they gave their relation the time and support they needed when walking. Further observations of staff assisting another person who had been assessed as needing a soft diet to reduce the risk of choking showed this diet was given in line with instructions in the person's care plan.

When we last inspected the service we found people were not always protected against environmental risks. We saw where defects had been noted on equipment, no action had been taken by the provider to ensure the safety of these pieces of equipment and their continued use. Records showed the manager and provider had implemented systems to effectively manage the environment and equipment used in the service. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

During our last inspection we found recruitment processes were unsafe as some people had been employed without suitable checks being undertaken. During this inspection we found the registered provider had still

not taken all necessary steps to protect people from staff who may not be fit and safe to support them. More improvements were needed to the recruitment process followed to ensure the required checks were fully completed to so staff employed were fit and safe to support people who used the service.

In the staff files we viewed we saw there was a lack of details about previous employment working with adults and why they had left these roles. In two of the files there were references in relation to the staff members' character; however these were written by previous work colleagues rather than the manager of the services they had worked in previously. This posed a risk that essential employment information may not be included. These checks are in place to assist employers in maker safer recruitment decisions. We highlighted this to the manager and provider during our inspection.

This meant the provider was in breach of Regulation 19 of the Health and Social care act (2008) Regulations 2014.

When we visited the service in April 2016 we found there were not enough staff on duty. Improvements had been made since then. We found the staffing levels met the needs of the people who lived in the service and staff who worked in the service felt more supported by the management team.

People we spoke with told us there were sufficient staff to meet their needs. One person told us, "I don't have to wait long and staff are usually able to help me" Another person said, "I buzzed when I dropped my glasses they came quickly." Relatives we spoke with felt there were enough staff on duty throughout the day. One relative said "There are a lot of good staff."

Staff told us they felt the staffing levels had greatly improved and the new staff coming to work at the service had experience. One member of staff told us they were working as a team now they said, "It's a lovely working atmosphere and I am no longer looking for another job." Throughout the day we observed staff working well as a team and they communicated their whereabouts to ensure staff were available in the communal areas of the service. They were organised and efficient and this had a positive impact on people who used the service as staff were available to support people when they needed it. People were supported to get dressed and have their breakfast in a timely way and when call bells sounded these were answered promptly.

There had been a number of improvements to the management of people's medicines which had a positive impact on the people who received medicines. One relative we spoke with told us their relation had a particular medical condition and staff always ensured they got the medicine they required to alleviate their symptoms.

Staff we spoke with us told they had received training and regularly had their practice checked by the support manager and manager. We observed a medicine round and were satisfied people received their medicines safely. One senior member of staff had taken on responsibility of ensuring medicines were ordered in a timely way and the general management and storage of medicines were safe. The support manager undertook regular audits and fed back issues they had found to staff. We saw evidence of the last audit where they had raised the issue of lack of information around the way medicines that were given as required were given. We had also highlighted this to staff administering medicines and we were told they were working to improve the information sheet in place in each person's Medicine Administration Record (MAR). The information would include reasons the person required the medicine and what signs and symptoms they would display. This would mean staff had the information to ensure people were always given their medicines appropriately.

Requires Improvement

Is the service effective?

Our findings

When we visited the service in April 2016 people did not feel they received care from sufficiently skilled and competent staff. At this inspection we saw the provider had made significant improvements in the training staff received. People we spoke with told us that the staff training had improved. One person said, "Yes I think the staff are well trained enough, they are efficient." Another person told us They know what they are doing."

Staff we spoke with told us they had seen a big improvement in the support they received with regards to training. One newer member of staff told us they had received appropriate training, including an update in medication training and they had received this as well as training in areas such as moving and handling, safeguarding, health and safety and fire safety. They said, "The training was really good." They had been given the opportunity to use equipment in the training setting which they had felt was useful. The staff member told us that new staff were given an induction and were left out of the rota to enable them to observe how to support people and get to know them. We observed this to be the case with a new member of staff being supported by more experienced staff on the day of our inspection.

The require improvements had not been made to the way staff were supervised and supported. Staff told us they had not received any supervision. Offering regular supervision to staff allows a service to both discuss any issues which the staff member wishes to talk about and also ensure staff are aware of the expectations of the management team with regard to their behaviours and practices. We raised the issue of the lack of supervision with the manager who told us since starting with the service they been required to prioritise some very pertinent issues that affected the safe care of the people who lived in the service. They told us they were planning to start a supervision programme in the near future and offer training to senior staff to assist them supervise the staff working on their unit.

There had been improvements in staff knowledge and how the principles of the Mental Capacity Act 2005 (MCA) were applied, however there were still areas which required further improvement. For example people were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and made decisions about their care and support. Staff asked people where they would like to spend their time and gained their consent prior to supporting them with personal care. One person we spoke with told us staff regularly asked them what care they required and did not give care without their consent.

Where people lacked the capacity to make a decision the principles of the MCA had not always been followed. The 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. The staff we spoke with had a good knowledge and understanding of the MCA and were able to describe their role in relation to making best interests decision for people who used the service. However there were inconsistencies in respect of how the act was applied in relation to people who lacked the capacity to make

key decisions about their care and support. One person had sensors to alert staff to their movements in their bedroom and there were appropriate assessments and best interests decisions recorded for this. However another person also had sensors in their bedroom and although there were doubts over their capacity to make certain decisions due to a dementia related illness, there was a lack of assessment to determine if they had the capacity to make this decision and if they did not a best interests decision recorded to ensure the principles of the MCA were followed.

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 whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had made applications for DoLS where appropriate. For example, one person had been assessed as lacking the capacity to understand why they needed to be in the service and were not safe to leave. An assessment to determine their capacity had been carried out and an application for a DoLS had been made and been granted. There was an up to date DoLS authorisation in place for this person to ensure that they were not being deprived of their liberty unlawfully.

When we visited the service in April 2016 we reported that people's nutritional needs were not always met. During this inspection we saw there had been some improvements and people were supported to eat and drink enough. People we spoke with told us they enjoyed the food offered to them and one person said, "Brilliant, the carer asks me what I would like and I can choose what to have for dinner and where to sit." A relative we spoke with told they often came to eat at the service and thought the food was, 'pretty good' They told us their relative was a diabetic and they were offered an appropriate diet.

There were regular assessments of people's nutrition undertaken and where people needed support to maintain their nutrition care plans had been put in place to inform staff how they should support the person. For example one person had been assessed as being at risk of losing weight and had some unplanned weight loss. A care plan had been implemented to inform staff of this and gave information of how they could minimise the risk of further weight loss such as supporting them at mealtimes, offering snacks between meals and recording their food intake. We saw records were being kept of what the person had eaten and these reflected what the care plan stated in relation to snacks being given in between meals. We observed the person at breakfast and lunch and saw they were given the appropriate support from staff to eat their meal.

People's hydration was screened and assessed at regular intervals and where people had been assessed as needing support to drink more staff were keeping records of the fluid consumed each day. However the amount this was not tallied up at the end of the day to ensure the person had consumed enough fluid and to take action to support them to drink more if needed.

Although there had been improvements in meeting people's health needs one relative told us their relation had an impairment that was not always managed as well as it should be. The relative had requested that the staff refer their relation to their GP to request an appointment with a specialist to assist the staff at the service manage the person's impairment but this had not been undertaken. Other people we spoke with felt their health needs were well managed. One person told us they were able to see a doctor when they needed one. They told us they had discussed a health care need with staff and said, "They arranged for the GP, now I get the medicine every day." and most relatives we spoke to felt there had been some improvement in the way their relation's health needs were managed.

We spoke to a visiting health professional who told us there had been some improvements and in general

staff were more responsive to the instructions they were given. Staff we spoke with told us the senior care staff were proactive in managing people's health needs. One member of staff gave an example of three people whose behaviour had been out of character, they told us the senior had acted quickly and obtained urine samples and consulted the GP. The staff member told us as a result the people concerned had received fast and appropriate treatments.

Staff also told us they had a clear understanding of what to do in an emergency situation. They told us if an ambulance was required for a person it would be called for in a timely way. Our observations of the way staff had managed and recorded people's health needs showed there had been an improvement in this area.

Good

Is the service caring?

Our findings

When we visited the service in April 2016 we reported that interactions between staff and people who lived in the service were task orientated and there was a lack of social interaction between them. During this inspection there had been significant improvements in the way staff interacted with people who lived in the service. The people who lived at the service told us the staff who worked there were very caring and kind. One person told us, "Yes the staff are kind. Yes they listen to my family". Another person said, "I think it's (care) improved, it's calmer." A relative we spoke with told us, "Staff are caring, kind and they do listen to us."

Staff we spoke with told us they felt the attitude of staff was more caring. One member of staff told us there had been some changes and the new staff had bought a caring attitude as well as their experience, they said, "A caring attitude encourages a caring attitude among other staff." Another member of staff told us, "I love working here, I love the people." Different staff members told us they enjoyed their roles and enjoyed working in the service.

Our observations supported what people had told us there was a calm and peaceful atmosphere and people looked content and happy. There were many occasions where staff showed a warmth and compassion for the people they were supporting. One person's care plan stated they sometimes became anxious and that they responded well to sensory touch such as on the arm and we observed this happen in practice with one member of staff sitting with the person and stroking their arm. The person responded well to this and they were calm and smiling with the member of staff. When staff supported people to move using equipment we saw staff offered reassurance and spoke with the person they were supporting in a kind and compassionate way.

People were encouraged to build relationships with each other. One person we spoke with told us, "I've made friends (with people here) who I talk with and have a cup of tea with in their rooms." We saw a meal time experience which was greatly improved since our previously reported experience. People were encouraged to sit together and served their meal at the same time. Staff sat with people to eat their meals and chatted to them. We observed one person ensuring their lunch companion got the condiments they needed, it was clear relationships had been formed between people who used the service.

When we visited the service in April 2016 we reported we could not find evidence that people or their relatives were involved with planning their care. During this inspection people and relatives we spoke with told they had been involved in care decisions. One person said "Involved in care planning? – (I am) if I want to be." The manager told us they ensured they involved people and their relatives with their care planning. One relative we spoke with told us staff involved their relation in the day to day decisions about their care. They told us staff would give the person choices on how they spent their day and listen to their decisions.

Relatives told us their loved ones were able to follow their chosen faith. One relative told us their relative enjoyed singing with the local spiritual leader from their chosen faith when they visited.

People we spoke with told us that staff respected their privacy and dignity. One person said, "Yes they

always knock before they come in." Another person told they were comfortable with the way staff dealt with their personal care. They said, "They [staff] are very good keep me covered and let me manage what I can."

Staff we spoke with showed a good understanding of managing people's privacy and dignity. One staff member said, "We have signs we put on door to show we are giving personal care." The staff member went on to say they also gave people the option of locking the door when using communal bathrooms. Staff we spoke with were clear about ensuring that they spoke discreetly to people when offering personal care. The manager told us they undertook regular spot checks on practice to ensure people were treated with respect and their privacy was maintained.

Requires Improvement

Is the service responsive?

Our findings

When we visited the service in April 2016 we reported that people did not receive person centred care because their care plans were not person centred and contained contradictory information. During this inspection people told us their care was tailored to their individual needs. However although we saw there were improvements in what had been recorded in people's care plans we also saw there was still a lack of information and some contradictory information.

Staff did not always have the information they needed to enable them to support people who sometimes communicated through their behaviour. We saw from the care plans of two people that they sometimes communicated through their behaviour and there was limited information available to inform staff how to respond to this. For example the care plan of one of these people stated they sometimes displayed behaviour when staff supported them with personal care. There was brief information about how staff should respond to this such as talking about the person's life history. There were no details about the person's life history or their interests available in the care plan and so staff would not be able to refer to this and use this method of distraction.

People may not receive their care as intended because their care plans were unclear and conflicting. One person had two care plans describing how they should be supported with their mobility. These contained different information about how the person should be supported including the equipment that needed to be used.

People's communication needs were not always recorded to enable staff to recognise their individual methods of communicating. For example one person had a communication care plan in place which informed staff the person often used facial expressions to communicate their needs. However the plan did not contain details of what the facial expressions meant to enable staff to recognise what the person was trying to communicate.

Another person had been assessed as being at risk of developing a pressure ulcer and there was a care plan in place with guidance on how to reduce the risk of this happening. However the care plan did not contain sufficient detail in relation to ensuring the person was supported to change their position at set intervals and when they needed to have bed rest.

Staff we spoke with told us they used the care plans to assist them with care and as there were a number of new staff in the service the need to have up to date clear information in the plans was important. We raised this with the manager who told us the plans had been through a number of changes in the preceding months and they, the support manager and team leaders were continuing to work on the plans to improve the quality of the information contained within them. However this was taking time as they were aware of the importance of getting the process right.

When we visited the service in April 2016 we reported there was a lack of support for people to follow their

interests and take part in social activities. During this inspection people told us they had limited opportunities for social activity. One person said there was, "No entertainment at all. We could do with a bit of music or dance." Relatives we spoke with also felt the activities could be improved.

Staff told us tried to engage with people on a one to one basis to stimulate their interests. They gave examples of helping one person with a crossword and making time to sit and talk with other people about things they enjoyed.

The manager told us they had recently recruited a new activities coordinator to replace the previous one who left in august. The activities coordinator told us they had only been in post for a week and were still getting to know people and learning about their interests and preferences. They told us about their got a lot of ideas and said they had already organised a movie session in the home's cinema.

People who used the service and their relatives told us there had been improvements in recent months in how their concern and complaints were listened and responded to. One person told us they could talk to the care workers if they had a problem. A relative we spoke with told us, "I have raised a few issues [with the manager] and they seem to have been dealt with."

Staff we spoke with were able to explain how they would deal with concerns and complaints, and we saw there was a complaints procedure on the wall in the entrance area of the service. We examined the complaints folder and saw since their appointment the manager had recorded complaints and outcomes in line with the service's policy.

Requires Improvement

Is the service well-led?

Our findings

When we visited the service in April and May 2016 we found there were improvements needed to the management of the service including the management of records they were required to properly maintain and informing us of any significant events.

There had been improvements made to the management of the service over the past four months. The provider was now sending us notifications they are required to of significant events that take place in the service. Additionally they were implementing recommendations made by other statutory bodies, such as the local authority, and ensuring this information was shared with staff and when needed improvements were made and lessons were learnt.

Some improvements had been made to people's care records and the manager told us they knew that further improvements were needed to ensure they were keeping these under review and updated when needed.

We viewed completed audits for some areas including medicines, environment and complaints. These audits had been undertaken by the manager, support manager and provider and had supporting action plans showing actions undertaken to address particular issues.

The manager had also undertaken a monthly fall analysis however when we examined this we found the information was not robust enough to give a full analysis of falls. We highlighted this to the manager who accepted further information was required and told us they would address this.

The service did not have a registered manager in place. The registered manager left the service in April 2016 and the new manager in place had been in post since June 2016. The manager and the provider told us the manager would be applying to register with the Care Quality Commission as manager within the next two weeks. Following our inspection we spoke to the manager who confirmed they had begun the process.

People we spoke with told us they regularly saw the manager around the service and they felt the care had improved since the new management team had arrived. One relative we spoke with told us, "I do think they have improved the management." Another relative said, "I do think these managers are better."

Staff we spoke with told us the management structure had improved, they told us they knew who to go to for support and they knew who was in charge when the manager was not in the building. Staff told us the provider was also coming to the service more regularly and approachable. A member of staff told us, "The managers are visible, they come down and have a drink with residents and they are always about for us."

Our observations supported what staff had told us, we saw staff communicating with each other and working well as a team. Staff had differing responsibilities in the service such as lead roles. There was a 'dementia lead' employed by the service who oversaw the care and support people received on the first floor of the service, where people who had a dementia related illness lived. This member of staff was very

knowledgeable about supporting people who lacked the capacity to make certain decisions and had received additional training in relation to supporting people who lived with a dementia related illness. They told us they enjoyed working in this area of the service and said, "Every day is different."

People benefited from an open inclusive ethos. One staff member told us, "The manager is fantastic. The (office) door is always open. If we have any issues they are always dealt with." They described the registered provider as someone who they had an open relationship with and could speak with. The staff member told us they felt there had been improvements in the service and told us, "Staff are more organised now. Working well as a team."

The management team had held a number of open meetings for relatives over the preceding months to keep people aware of the significant changes that had occurred in the service. Relatives we spoke with told us they had felt comfortable in raising issues of concern at these meetings and felt the management team were more open with them.

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 lack of risk assessment and information for staff to provide safe care and treatment

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed the service could not provide up to date references for staff recently employed