Golden Manor Healthcare (Ealing) Limited

Charlton Grange Care Home

Inspection report

Charlton Lane
Upper Halliford Village
Near Shepperton
Middlesex
TW17 8QN

Tel: 01932732600
Website: www.upperhallifordnursinghome.co.uk

Date of inspection visit:
01 March 2018
08 March 2018

Date of publication:
30 April 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Charlton Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Charlton Grange accommodates a maximum of 62 older people in one adapted building. There were 35 people living at the home at the time of our inspection. The home is owned and operated by Golden Manor Healthcare (Ealing) Limited. This is the provider's only registered care home.

The inspection took place on 1 and 8 March 2018. The first day of the inspection was unannounced. We gave notice of the second day of inspection as we wanted to ensure the provider was available to meet with us.

There was no registered manager in post at the time of our inspection. 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. The manager had been in post for four weeks at the time of our inspection.

At our last inspection in July 2017 we found the provider was breaching regulations in relation to person-centred care, safe care and treatment, staffing and governance. Staff did not have enough time to spend with the people they cared for and did not have access to all the training they needed. Suitable steps were not always taken to minimise risks. People's needs were not always reflected in their care plans, which meant staff did not have guidance to follow about how to meet these needs. Care plans did not contain information about people's lives before they moved into the home, which meant staff did not know their personal histories or interests. There were few opportunities for people to take part in meaningful activities. The provider's quality monitoring systems were not effective in addressing concerns where these were identified.

Following this inspection, the provider submitted an action plan telling us how they would make improvements in order to meet the relevant legal requirements.

At this inspection we found the provider had taken action to address these concerns. Staffing levels had increased, which meant staff had more time to spend with the people they cared for. People, relatives and staff all commented positively about the benefits the increase in staffing levels had achieved. The availability of training had increased, which meant staff had access to the training they needed to provide all aspects of people's care. Action had been taken to minimise risks where these were identified, for example where people were at risk of failing to maintain adequate nutrition.

People's individual needs were reflected in their care plans and staff had guidance to follow about how to

meet these needs. The provider had contacted people's friends and families to gather more information about people's lives before they moved into the home. The management and oversight of the service had improved and action plans developed to address any shortfalls identified through the quality monitoring process.

Whilst these developments had improved the service and people's experience of care, two areas required further improvement. The activities provision did not meet people's needs. The provider had recognised people were dissatisfied with the range of activities available and was considering how best to address this. The service had been without a registered manager for a year and the manager had yet to be registered with CQC.

People felt safe at the home and staff understood their roles in keeping people safe. They knew about the different types of abuse people may face and how to report any concerns they had. The manager had reminded staff to report any concerns they had about abuse or poor practice. When relatives had raised concerns about people's care, the provider had notified the local authority and the CQC as required. Following concerns reported by one relative, the police had interviewed staff as part of their investigation, which was ongoing at the time of our inspection. The provider had dismissed one member of staff as a result of the information provided by the relative.

People were protected by the provider's recruitment procedures. The provider carried out appropriate pre-employment checks before staff began work. Accidents and incidents were recorded and reviewed by the manager. Staff carried out health and safety checks regularly and maintained appropriate standards of fire safety. The provider had developed a contingency plan to ensure people would continue to receive their care in the event of an emergency.

People's medicines were managed safely. Staff followed good practice guidelines when administering medicines and people received their medicines as prescribed. The home was kept clean and hygienic. Staff maintained appropriate standards of infection control when they provided people's care.

People's needs were assessed before they moved into the home to ensure staff could provide the care they needed. The use of agency staff had decreased and people were cared for by staff who were familiar to them and who understood their needs. Staff had an induction when they started work and had access to the training they needed to carry out their roles. Staff had opportunities to meet with their managers to discuss their performance and training needs.

People's care was provided in accordance with the Mental Capacity Act 2005 (MCA). Staff sought people's consent before providing their care and respected their choices. Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been submitted where people were subject to restrictions in their care.

People enjoyed the food provided at the home and were satisfied with the choice of meals. Relatives told us staff encouraged their family members to eat and drink to ensure they maintained adequate nutrition and hydration. Information about people's individual dietary requirements was communicated effectively by nurses to catering staff.

Staff monitored people's healthcare needs and supported them to access medical treatment if they needed it. People told us they were able to see a doctor if they felt unwell and relatives said their family members' health was monitored effectively. Care plans demonstrated that referrals were made to healthcare professionals if staff identified concerns about people's health or well-being. Any guidance about people's

care issued by healthcare professionals was implemented by staff.

Work had begun on the refurbishment of the home, which people and relatives said made it a more pleasant place in which to live. The provider told us the refurbishment of the home would be undertaken with the needs of people living with dementia in mind.

People were supported by kind and caring staff. They had good relationships with the staff who cared for them and enjoyed their company. Relatives told us staff knew and respected people's preferences about their care. People told us they could have privacy when they wanted it. They said staff encouraged them to maintain their independence.

People told us they knew how to register their concerns and the provider had a clear procedure to manage complaints. Any complaints received had been investigated and responded to appropriately.

The management and oversight of the home had improved since our last inspection. The manager was being supported to develop and improve the service by a small team of people which included the provider's nominated individual and a consultant. People and their relatives told us the manager had improved communication with them and staff reported that the support they received improved. Staff said this had led to an improvement in morale which had benefited staff and the people they cared for. The manager had introduced more structure to each shift, which had increased accountability and responsibility for key tasks. Regular team meetings had been introduced and communication amongst staff about people's needs had improved.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff deployed to meet people's needs.

Risks to people had been assessed and suitable steps taken to minimise any risks identified.

People were protected by the provider's recruitment procedures.

Staff understood their responsibilities in keeping people safe from abuse and knew how to report any concerns they had.

There were plans in place to ensure people would continue to receive care in the event of an emergency.

Medicines were managed safely.

Staff maintained appropriate standards of infection control.

Is the service effective?

Good

The service was effective.

Staff had an induction when they started work and access to the training they needed to carry out their roles.

Staff had opportunities to discuss their performance and training needs.

People's care was provided in accordance with the Mental Capacity Act 2005.

People's needs were assessed before they moved into the home to ensure staff could provide their care.

People enjoyed the food provided and were satisfied with the choice of meals.

Staff kept people's healthcare needs under review and

supported them to access treatment if they needed it.

The home was being refurbished with the needs of people living with dementia in mind.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People had positive relationships with the staff who supported them.

Staff treated people with dignity and respect.

Staff supported people in a way that promoted their independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive to people's needs.

People reported that they did not have enough opportunities to take part in meaningful activities.

People's needs were reflected in their care plans and staff had guidance to follow about how to meet these needs.

The provider had improved the information recorded about people's lives before they moved into the home.

Complaints were managed and investigated appropriately.

Is the service well-led?

Requires Improvement

Although the management and oversight of the home had improved, the service was not consistently well led as the home had not had a registered manager for a year.

The manager had improved communication with people, relatives and staff.

Staff reported the manager had improved the support they received, which had led to an improvement in morale and benefits for the people they cared for.

The manager had introduced more structure to each shift, which had increased accountability and responsibility for key tasks.

The manager worked co-operatively with other agencies when required and had notified CQC of any significant events.

Charlton Grange 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 was 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 inspection took place on 1 and 8 March 2018. The first day of the inspection was unannounced and was carried out by one inspector, a specialist nursing advisor and an expert-by-experience. An expert-by-experience is someone who has a relative who has used this type of care service. The second day of the inspection was announced and was carried out by one inspector. We announced the second day of the inspection because we wanted to ensure the registered provider was available to meet us.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) which was submitted by the previous manager on 8 December 2017. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 11 people who lived at the service and three relatives. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff.

We spoke with 12 staff, including the manager, care, nursing and catering staff. We also spoke with the registered provider and the provider's nominated individual on the second day of our inspection. We looked at the care records of five people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this.

We looked at five staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as audits of different aspects of the service.

Good

Is the service safe?

Our findings

At our last inspection we found staff worked hard to meet people's care needs but did not have time to engage with them, which meant some people were left without interaction for long periods of time. At this inspection we found staffing levels had increased, which had resulted in positive outcomes for people. People, relatives and staff reported that staff now had more time to spend with people, which enabled them to provide safer care, engage in conversation and prevent social isolation.

People told us that staff were always available when they needed them. One person said of staff, "If I wanted them, they'd come. I've only used the bell once but they were with me very quickly." Another person told us, "You can always just call one of them, they are always walking up and down." A third person said, "There's plenty of staff here" and a fourth person told us, "There is always staff around. They pop their heads around the door."

Staff reported that increased staffing levels meant they had more time to spend with the people they cared for. They said this had improved people's experience of care and reduced the pressure on staff. One member of staff on the first floor told us, "The staffing levels are much better. There are five of us up here today. Having more staff has taken the pressure off. We have more time to spend with people now." Another member of staff said, "We were rushed off our feet before. It's much better now. We have more time to spend with people now." A third member of staff told us, "The staffing [ratio] has got much better. It's brilliant; we have got more time to talk with the residents now." A fourth member of staff said, "We've got more time to spend with people now, which is lovely. Before we were just doing care the whole time. Now we've got time to chat with people. You have to spend time with them."

The manager told us they used a dependency tool to calculate the numbers of staff required to meet people's needs and keep them safe. This included ensuring there was an appropriate skill mix of staff in each area of the home, such as nursing and care staff. The manager said they reviewed the dependency tool regularly to take account of any changes in people's needs. Staff told us the manager took their views on board if they said they needed additional staff in any part of the home. One member of staff said that if staff told management they required additional resources, "They will arrange it."

At our last inspection we found suitable steps had not always been taken to minimise risks to people. Two people were at risk when trying to feed themselves, which put them at risk of choking. Some people had needs that were not reflected in their care plans, which meant staff did not have guidance to follow about how to meet these needs. For example one person had been diagnosed with epilepsy but there was no care plan in place to inform staff how they should manage and monitor this condition. Action had not been taken to monitor people who had been identified as at risk of failing to maintain an adequate weight.

At this inspection we found risks to people had been assessed and that measures had been put in place to reduce any risks identified. People who needed support to eat were assisted by staff. Staff had assessed the risks to people in areas such as moving and handling, falls and developing pressure ulcers. One person had been identified as at high risk of falls as they frequently tried to mobilise independently, which they were

unable to do safely. One-to-one staffing had been put in place for the person to minimise the likelihood of them falling. The member of staff who was providing one-to-one support during our inspection told us the person had not had a fall since this additional support had been put in place. The member of staff said, "You have got to be with him the whole time. He has had 24-hour one-to-one for the last six weeks. He is not falling now." Staff had taken action to reduce the risk of people who were nursed in bed developing pressure ulcers by implementing tissue viability care plans. If people developed pressure areas staff monitored these appropriately through body maps, wound assessment charts and photographs. Pressure-relieving equipment, such as air mattresses, had been obtained for people and staff regularly checked to ensure these were set correctly. There was evidence of learning from events that took place. Accidents and incidents were recorded and reviewed by the manager to identify any themes or actions needed to address risks.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with details of employment history and qualifications achieved. The provider carried out appropriate checks before staff began work, including obtaining references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate. The DBS helps providers ensure only suitable people are employed in health and social care services. All staff were required to provide proof of their right to work in the UK and nursing staff were also required to provide evidence of current professional registration.

Staff understood their role and responsibilities in keeping people safe. They were aware of the different types of abuse people may experience and knew how to report concerns if they suspected abuse. Staff said the manager had reminded them that they should report any concerns they had and confirmed they would feel confident in speaking up if they suspected abuse or poor practice. When concerns had been raised by relatives about their family member's care, these had been referred to the local authority and the provider had notified the CQC as required. One relative had reported concerns about their family member's care to the police. The police had interviewed staff at the home as part of their investigation, which was ongoing at the time of our inspection. The provider had dismissed one member of staff as a result of the information provided by the relative.

People's medicines were managed safely. Medicines were stored securely and there were appropriate arrangements for the ordering and disposal of medicines. Medicines requiring refrigeration were stored in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. The member of staff who administered medicines during our inspection was confident with the systems in place and competent in their practice. The medicines administration records we checked were clear and accurate. Staff carried out medicines audits to ensure that people were receiving their medicines correctly.

People told us the home was always clean and tidy. A cleaner was employed every day and there was a checklist in place to ensure all areas of the home were cleaned regularly. Staff attended infection control training and followed good practice guidelines, such as wearing gloves and aprons, when providing people's care. They told us there were always sufficient stocks of personal protective equipment available. There were appropriate arrangements for the storage and disposal of clinical waste.

Staff carried out health and safety checks on the premises. Equipment used in delivering people's care, such as hoists and adapted baths, was serviced regularly by engineers. There was a fire risk assessment in place and staff were aware of the procedures to be followed in the event of an emergency. There was a personal emergency evacuation plan in place for each person. Staff attended fire safety training in their induction and

regular refresher training thereafter. The fire alarm system and firefighting equipment were checked and serviced regularly. The provider had developed a business continuity plan to ensure people's care would not be interrupted in the event of an emergency.

Good

Is the service effective?

Our findings

At our last inspection we found people were not always supported by staff who had received all the training they needed to provide their care. Staff reported that they were expected to complete online training in their own time as they were not allocated time to complete it in their working hours. At this inspection we found staff had access to the training and support they needed to carry out their roles effectively. People told us they were confident in the skills of the staff who supported them. One person said of staff, "They are well trained." Another person told us, "They know what they are doing."

Staff reported that the availability of training had increased. They told us there was more face-to-face training, which they said they valued, and that staff were allocated time to complete online training during their working hours. One member of staff told us, "Some people were struggling with the online training. There's more face-to-face training now and we get time to do it at work, before we had to do it in our own time." Another member of staff said, "The training has improved." This member of staff told us they had recently completed training in fire safety, moving and handling, dementia and safeguarding. A third member of staff said, "More training is being done." A fourth member of staff told us, "We are being taught more." This member of staff reported they had recently completed training in the Mental Capacity Act 2005, moving and handling, infection control and dementia.

Staff who had been employed since our last inspection told us they had attended an induction when they started work which included shadowing an experienced member of staff. They said they had been introduced to the home's policies and procedures during their induction and had attended all elements of core training including fire training. The home's training records demonstrated that staff now had access to training in areas including dementia, continence promotion and catheter care, infection control, moving and handling, nutrition and hydration, equality and diversity and dysphagia (difficulty swallowing leading to a risk of choking).

People's needs were assessed before they moved into the home to ensure staff could provide the care they needed. Care plans demonstrated that people's needs were reassessed regularly to ensure the care they received was appropriate to their needs. The provider told us they planned to introduce a new pre-admission assessment tool which would capture more information in better detail than the tool used previously.

People, relatives and staff told us that the consistency of staffing had improved. They said the reliance on agency staff had reduced and that people benefited from being cared for by staff who were familiar to them and who understood their needs. One relative told us there was now "better continuity" of staffing. The relative said, "You see the same faces regularly now. They know him well." A member of staff told us, "There is less agency [staff] now."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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.

People's rights under the MCA were respected. People told us that staff asked for permission before providing their support and respected their choices about their care. Staff had attended training in the MCA and understood people's rights to make decisions about their care for themselves. Assessments had been carried out where appropriate to establish whether people had capacity to make decisions. If people lacked capacity, appropriate procedures had been followed to ensure decisions were made in their best interests, including consulting people's families and healthcare professionals. Where people were subject to restrictions for their own safety, such as being subject to constant supervision by staff, applications for DoLS authorisations had been submitted to the local authority.

People told us they enjoyed the food provided at the home. They said they had a choice of meals and that staff knew their likes and dislikes. One person described the food as "Good" and another person told us, "I have never been so well fed." Another person said, "The food is all right. You have a choice of dinners." A fourth person told us, "They know what I like. There is always a choice." A fifth person said, "It's a balanced diet. There are plenty of vegetables."

People's needs in relation to nutrition and hydration were assessed and any specific dietary requirements, such as texture-modified diets, were recorded. Care staff shared information about people's dietary needs and preferences with catering staff. Relatives told us staff knew their family member's dietary preferences and encouraged them to eat well and to maintain adequate hydration. One relative said their family member had a poor appetite but that staff encouraged them to maintain adequate nutrition by providing food they knew the person enjoyed. The relative told us, "They do encourage him [to eat]. They give him things he likes. There's always a drink in his room." Another relative said their family member required a texture-modified diet. The relative told us the texture-modified food options were prepared in an appetising way. The relative said of their family member's meal that day, "It did look appetising and it smelled lovely."

People's healthcare needs were monitored effectively and people were supported to obtain medical treatment if they needed it. People told us staff supported them to see a doctor if they were unwell and relatives said staff ensured their family members had access to any treatment they needed. Care plans provided evidence that referrals were made to healthcare professionals if staff identified concerns about people's health or well-being. The outcomes of appointments with healthcare professionals were recorded in people's care plans. Any guidance about people's care issued by healthcare professionals was implemented by staff.

The provider had begun work on refurbishing the home, which had improved the environment in which people lived. At our last inspection some parts of the home were scruffy; carpets were worn and paintwork was scuffed and chipped in some places. The improvements in the appearance of the home were commented upon by people, relatives and staff. People and relatives told us the home was smarter and more attractive, which made it a more pleasant place to live. A member of staff said, "They have cleaned everything up. It's more homely now too." The provider told us they would ensure the refurbishment of the home would be undertaken with the needs of people living with dementia in mind, including appropriate

signage and colour schemes.

Good

Is the service caring?

Our findings

At our last inspection we found people's experience of care was affected by the limited time staff had to spend with them. People told us staff were kind but were too busy to spend time talking to them. At this inspection we found the increased staffing levels meant staff had more time to spend with people, which had improved people's experience of care at the home.

One person said of staff, "They are marvellous, so kind. You couldn't get better, the way they look after you." Another person told us, "They really are very good." A third person said, "They are ever so good. We are looked after very well." A fourth person told us, "The staff are very good. They really do look after us."

People said they appreciated that staff now had time to spend talking to them. They told us they had developed positive relationships with staff and enjoyed their company. One person said, "They come in and have a chat sometimes. I get on well with them." Another person told us, "They are very good to me. I enjoy their company." A third person said of staff, "I am very friendly with them. I talk to them all."

Relatives told us that staff were kind, caring and attentive. One relative said, "The carers that look after her are very nice, they look after her well. They are very patient." Another relative told us, "He is well looked after." Relatives confirmed that their family members had benefited from the increased time staff now had to spend with them. One relative said of staff, "They are always popping in to see him. He enjoys their company." Relatives told us staff treated their family members with respect. They said staff ensured their family members were supported to maintain their privacy and dignity. One relative told us, "They make sure he is always well presented; washed, showered and clean." Another relative said, "They always ask me to leave while they change his pad."

Staff spoke with enthusiasm about their roles and the people they cared for. They said they valued the additional time they now had to spend with people as they knew this was important to them. One member of staff told us, "We have time to sit and have a chat with them. We are carers, we should be with people caring for them. People shouldn't be left on their own." Another member of staff said, "You have to treat the people we care for with respect. You should look after the residents like you'd look after your own family."

Relatives said they could visit their family members whenever they wished and that staff made them welcome when they visited. They told us they were invited to events at the home and that they valued these opportunities to enjoy occasions with their family members. One relative said, "We are always made welcome when we visit." Another relative told us they had attended a barbecue and a Christmas party at the home. Relatives said staff kept them informed about their family member's well-being and encouraged them to be involved in their family member's care. One relative told us, "If he's been ill I've had regular phone calls to let me know what's going on." Another relative said, "If anyone from outside [a healthcare professional] comes in they let me know and I try and come in."

People told us they could have privacy when they wanted it and that staff respected their right to privacy. We saw that staff engaged with people in a friendly yet respectful manner. They provided care in a way that

maintained people's privacy and dignity. People told us staff supported them to be as independent as they wished to be. They said staff respected their wishes if they chose to do things for themselves. Relatives told us staff encouraged their family members to maintain their independence. One relative said, "They encourage her to do things she can manage for herself."

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we found the service was not responsive to people's needs. Care plans did not always reflect people's individual needs and wishes. Some people were at risk of social isolation because they were not encouraged or supported to engage with others. There were few opportunities to take part in meaningful activities. At this inspection we found action had been taken to address these concerns, although activities provision required further improvement.

There was a programme of activities in place but feedback and our observations indicated it was not meeting people's needs. People told us they were aware that activities took place and that they could take part if they wished. One person said, "I go down if it's something I like." However several people told us the programme of activities did not provide a good range of activities they enjoyed. One person said of the activities provision, "It could be better. There's not a lot going on." Another person told us they were often bored and said they would value more opportunities to take part in activities.

Relatives told us there were not enough activities provided to keep their family members meaningfully engaged and occupied. They said there were no opportunities for their family members to leave the home on trips or outings. One relative told us their family member enjoyed being active but there were not enough opportunities for their family member to take part in meaningful activities. The relative said, "She likes to be active and there's not enough for her to do. It's part of her care plan and it's what we signed up for. I don't want her to be sat in her room all day and neither does she. I want her to be stimulated. If she doesn't want to go them [activities] that's fine but I don't want her to be stuck here all day with nothing to do."

Several of the care staff we spoke with told us people would benefit from improved activities provision. Two staff said people sometimes looked bored because they did not have enough to do. Staff reported people had enjoyed local outings in the past but that these had not been organised for some time. One member of staff told us, "We used to take them to the garden centre, we used to take them to the fete but not now."

The activities programme on one day of our inspection stated that the activities co-ordinator would spend one-to-one time with people who were nursed in bed. This planned activity did not take place although we observed that the increased staffing levels meant care staff had time to spend with people on a one-to-one basis and to engage in impromptu activities. One member of staff told us, "Now we have time to do some activities with the residents."

The provider recognised that activities provision needed to improve and told us they planned to make improvements based on the feedback they received from people. The provider had installed a noticeboard in the home listing areas in which they had received feedback from people and relatives and the provider's response. The noticeboard stated, 'You asked for more meaningful activities' and noted this was because 'People fed back the activities were not meaningful.' The noticeboard listed the provider's response as 'We are reviewing the activities provision.'

Failure to provide care that met people's needs and reflected their preferences was a continuing breach of

Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans had been reviewed and updated and were a more accurate reflection of people's individual needs. They were person-centred and contained detailed guidance for staff about how people's care should be provided. For example people who had diabetes had care plans in place advising staff about hypoglycaemic (low blood sugar) or hyperglycaemic (high blood sugar) reactions, the need for a high fibre/low sugar diet, the need for good foot care and the need to have regular retinopathy tests. Wound care plans demonstrated that wounds were closely monitored and tracked for healing or deterioration and dressed in line with the guidance in the care plan. End of life care plans were in place which recorded people's wishes about their care towards the end of their lives. Advance care plans had been developed with the involvement of people's relatives and other relevant people.

The provider said they were in the process of reviewing the care plans of all the people living at the home to ensure they were up to date, accurate and reflective of their individual needs. Relatives said they had recently been invited to attend reviews of their family member's care and to contribute to the development of their care plans. The provider said they planned to introduce an electronic care planning system which would improve the ability of managers to monitor the quality of information contained in people's care plans.

We had identified in previous inspections that staff did not have a good knowledge of people's histories and backgrounds. At this inspection we found the provider had made efforts to record details of people's lives before they moved into the home so that staff could engage with them about these areas. The provider had contacted people's relatives to ask them to provide information about their family member's family background, interests and significant events. The staff we spoke with had a good knowledge of people's backgrounds and interests and we observed that they used this knowledge to engage with people.

People and relatives told us they knew how to complain and were confident any concerns they raised would be taken seriously. People who had raised concerns were satisfied with the response they received. One person told us, "I have made a complaint, it was rectified." Another person said, "If I had a complaint I would speak to the staff and they would sort things out." A member of staff told us people were encouraged to speak up if they were dissatisfied with any element of the care they received. The member of staff said, "We always encourage our residents to say if they are not happy and can tell them what to do if they want to complain."

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. People and their relatives were issued with information about how to make a complaint. The provider's PIR stated that 12 complaints had been received in the 12 months prior to the PIR submission on 8 December 2017 and that 11 of these had been resolved to the complainant's satisfaction.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in post at the time of our inspection. At our last inspection the home was being managed by a peripatetic manager employed by a care consultancy. Some relatives reported at our last inspection that the changes in the management of the home had affected staff morale and the support staff received. The views of staff at our last inspection about management support were mixed. Some staff said the peripatetic manager had made efforts to listen to them and to recognise their efforts whilst others said they did not feel adequately supported or listened to. The quality monitoring systems implemented by the care consultancy were not effective in addressing concerns where these were identified. Action was not always taken where shortfalls were identified and issues raised by relatives were not always addressed.

At this inspection we found the management and oversight of the home had improved. The provider had recruited a directly employed manager who took up their post four weeks prior to our inspection. The manager was being supported to develop and improve the service by a management team which included the provider's nominated individual and a consultant.

Whilst these developments had improved the service and people's experience of care, the absence of a registered manager at the home for 12 months meant the provider was breaching Regulation 5 Registration Regulations 2009 (Schedule 1) which requires the registered provider of the service to appoint and register a suitable person to manage the home.

The manager had written to people and their relatives to introduce themselves when they took up their post and had spent time getting to know people and staff. People and their relatives told us the manager had improved communication with them. They said the manager had made efforts to get to know them and to hear their views about the home. One person told us, "[Manager] came and introduced herself. She's lovely. We had a nice chat." A relative said, "They are doing relatives' meetings to keep us up to date." Another relative told us they had been asked for feedback by a member of the management team. The relative said, "He asked me if there was anything they could do to improve."

Staff reported that the management team had greatly improved the support they received. They said they were treated with respect and that their views were listened to. Staff told us this had led to an improvement in morale, which had in turn benefited the people they cared for. One member of staff said, "The management is a lot better. The way they talk to you, with some respect. Everyone seems happier, the staff and the residents." Another member of staff told us, "I do think things are getting better. They have been coming round more, the management." A third member of staff said, "It's nice to be spoken to with a bit of respect. The improvement is great. I enjoy coming into work now." A fourth member of staff said of the manager, "She is very approachable."

Staff reported they had attended team meetings with the manager and that communication amongst staff about people's needs had improved. They said the manager had offered to meet with them on a one-to-one basis if they wished to discuss their roles or any concerns they had. Staff told us the improved communication amongst staff meant they now worked more effectively as a team. One member of staff

said, "[Manager] is trying to help us move forward. She is here to support us and the residents. Before there was no teamwork from staff. It is better now. We are working as a team." Another member of staff told us, "I am enjoying it. The people that I work with have been really good. They have helped me a lot." A third member of staff said, "We work well together as a team now, we pass information on."

The manager had introduced more structure to each shift, which had increased accountability. There was a plan for each shift which allocated responsibility for the completion of key tasks to specific members of staff. The manager had also introduced daily 'stand up' meetings for heads of departments to plan the day ahead and to discuss any challenges to the delivery of care. The provider's nominated individual told us they planned to increase the role of nurses in leading the shift on their unit. The nominated individual said, "We are trying to empower the nurses. If they lead the shift they have more control and more responsibility."

At our last inspection we found shortfalls identified by quality checks were not addressed. For example audits found the dependency staffing tool was not being completed, which meant the provider could not be certain that the number of staff deployed was appropriate to people's needs. Another audit identified that action had not been taken when people lost significant amounts of weight. Environmental audits recorded that the home required refurbishment but this had not taken place.

At this inspection we found action had been taken to address these issues. Staffing levels had increased, which had benefited staff and the people they cared for, and the dependency staffing tool was regularly reviewed. People at risk of losing weight had care plans in place detailing the support they needed to maintain a healthy weight and their weights were monitored regularly. The refurbishment of the home had begun and the environment in which people lived was much improved as a result. The provider had developed an action plan which set out how further improvements were made. The manager described the quality monitoring checks that were now carried out regularly. These ensured that all aspects of the service were monitored effectively and that any shortfalls identified would be addressed.

The manager had developed effective working relationships with other professionals, including CQC and the local authority. The local authority quality assurance manager who had worked with the home to drive improvements told us, "I found [manager] pleasant and approachable and willing to work with me." The quality assurance manager also reported that the management team had "Produced a detailed action plan which identifies where improvements can be made." At our meeting with the registered provider on the second day of the inspection the management team stressed their intention to work collaboratively with CQC and other relevant agencies to achieve improvements at the home. The manager was aware of their responsibilities in terms of informing CQC when notifiable events occurred and had submitted statutory notifications as required.

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 Treatment of disease, disorder or injury	Regulation 5 Registration Regulations 2009 (Schedule 1) Registered manager condition The registered person had failed to appoint and register a suitable person to manage the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person had failed to ensure that the care provided met people's needs and reflected their preferences.