Regal Care Trading Ltd

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

Summary of findings

Overall summary

This inspection took place on 13 April 2016. It was unannounced.

Westlands Care Home provides a service for up to 28 people who have a range of care needs including dementia, mental health, sensory impairment and physical disabilities. There were 18 people living in the home on the day of this inspection. The service is also registered to provide a domiciliary care service to people in their own homes, but this was not happening at the time of this inspection.

At our last comprehensive inspection on 19 February 2015, we found that the service was in breach of legal requirements in a number of areas. We followed up on these areas at another inspection on 29 September 2015 and found improvements had been made. Although we found that the service was no longer in breach of legal requirements at that time, we did not change the overall rating for the service because to do so would require consistent good practice over a sustained period of time.

We therefore checked all the areas where legal breaches had occurred previously during this inspection, and found that the improvements had been sustained.

Although we did identify some new areas for improvement during this inspection, the area manager was able to demonstrate that she had already identified these through a recent internal audit, and confirmed she had a plan in place to address these.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations. A new manager had been appointed who was planning to take up their post the following month. Appropriate managerial support and oversight was being provided by the area manager in the interim.

Risks were managed so that people's freedom, choice and control were not restricted more than necessary. We did find some anomalies in terms of how risks were managed and reviewed however, which meant people were at risk of not having identified risks managed in a consistent way.

There were sufficient numbers of suitable staff but improvements were needed to ensure people got the right support at key times of the day such as meal times.

The provider carried out robust checks on new staff to make sure they were suitable to work at the service. However, not all legally required checks were in place.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it. Improvements were required however regarding the recording of PRN

(as required) medication.

People received personalised care that was responsive to their needs. However, some care records needed reviewing; to ensure the care and support being provided to people was still appropriate for them.

People felt safe living at the service. Staff had been trained to recognise signs of potential abuse and keep people safe.

People received effective care from staff that had the right skills and knowledge to meet their needs.

We found that the service worked to the Mental Capacity Act 2005 key principles, which meant that people's consent was sought in line with legislation and guidance.

People had enough to eat and drink. Support was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

People's healthcare needs were met.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

People's social needs were provided for and they were given opportunities to participate in meaningful activities.

People were given opportunities to be involved in making decisions about their care and support.

People received personalised care that was responsive to their needs. Staff encouraged people to be as independent as possible.

People were supported to raise concerns about the service and these were responded to appropriately.

There were effective management and leadership arrangements in place.

Systems were also in place to monitor the quality of the service provided.

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.

Risks were managed so that people's freedom, choice and control were not restricted more than necessary. We did find some anomalies in terms of how risks were managed and reviewed however.

There were sufficient numbers of suitable staff but improvements were needed to ensure people got the right support at key times of the day such as meal times.

The provider carried out robust checks on new staff to make sure they were suitable to work at the service however, not all legally required checks were in place.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it. Improvements were required however regarding the recording of PRN (as required) medication.

Staff understood how to protect people from avoidable harm and abuse.

Is the service effective?

Good

The service was effective.

Staff had the right skills and training to meet people's needs.

The service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat and drink.

People were also supported to maintain good health and have access to relevant healthcare services.

Is the service caring?

Good

The service was caring.

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received personalised care that was responsive to their needs. However, some care records needed reviewing; to ensure the care and support being provided to people was still appropriate for them.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Is the service well-led?

Good

The service was well-led.

We found that the service promoted a positive culture that was person centred, inclusive and empowering.

The registered manager had left. However, a new manager had been appointed and the area manager was providing effective leadership for the service in the interim.

There were systems in place to support the service to deliver good quality care.

Westlands 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 inspection was unannounced and took place on 13 April 2016. It was carried out by two inspectors.

We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

In addition, we asked for feedback from the local authority, who have a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences.

We spoke with 10 people living in the home and observed the care being provided to a number of other people during key points of the day, including lunch time and when medication was being administered. We also spoke with the area manager, the home's administrator, two catering staff, one laundry assistant, two senior care staff and three care members of staff.

We then looked at care records for four people, as well as other records relating to the running of the service - such as staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Requires Improvement

Is the service safe?

Our findings

People told us that risks associated with their care were managed appropriately. One person told us: "They've been to turn me; if it helps me get better I don't mind." Another person said: "I am lucky here; they look after me, after my skin and help me with my walking." Staff spoke to us about how risks to people were assessed to ensure their safety and protect them. They described the processes used to manage identifiable risks to individuals such as malnutrition, moving and handling, skin integrity and falls. One member of care staff was seen sweeping the floor in the dining room after breakfast. She explained that they did this to minimise the risk of someone falling forward if they were to spot something on the floor and try to pick it up. We saw that equipment was in place for people who had pressure care requirements, including pressure cushions and mattresses. People were also seen being supported to use appropriate equipment to aid their mobility. They were encouraged to remain safe by staff members who supported people in a reassuring manner and were observant of hazards in rooms and corridors. Records showed people's health care needs were monitored and referrals made to external professionals as required, such as the local falls service, where concerns were identified.

We saw that people had individual risk assessments in place to assess the level of risk to them. Assessments we saw were clear and had been reviewed on a regular basis; to ensure the care being provided was still appropriate for each person. Records were also being maintained of incidents and accidents that had occurred in the home, in order to identify any patterns and minimise the likelihood of a reoccurrence. We looked at records for one person who was at risk of falling and had fallen from their chair in the past. The person had seen an occupational therapist (OT) who had recommended a recliner chair, but this had not been put in place. The area manager explained that it was the responsibility of the person or their family to arrange this as this was not something that would be provided by the home. However, following the inspection the area manager confirmed that a recliner had been sourced and would be in place from the following day. Care staff confirmed the person was not able to mobilise independently but they were at risk of falling if they moved forward suddenly. They told us they used cushions to support the person's position and minimise the risk of them falling, and we observed this happening. We noted that the person had a care plan in place instructing staff to carry out checks on them whilst sitting in the lounge every 30 minutes. The area manager confirmed that this was no longer happening and undertook to review the plan to see whether it was still appropriate. Records showed the person had not fallen from their chair in the last six months.

Other records showed that systems were in place to ensure the premises and equipment was managed in a way that ensured the safety of people, staff and visitors.

People told us there were sufficient numbers of staff to keep them safe. One person told us: "They are enough of them." Staff we spoke with were also content with staffing levels in the home. One staff member said: "There are enough of us, it can get hectic at times but we have days when we are not so busy. [The area manager] offers support when we need it and the kitchen staff help out at meal times." We observed this to be the case during the inspection. The area manager also told us she planned to increase staffing levels at key times of the day such as early morning and late evenings; to increase monitoring of people and keep

them safe. Minutes of a meeting with staff showed that this had already been discussed with them. We saw on the day of our inspection that the number of care staff corresponded with those planned on the rota. This was supplemented with additional support from the area manager, catering, domestic, administrative and maintenance staff.

Overall, we observed that people's needs were met in a timely way and they were not rushed. However, some people's dining experience was affected because staff had to leave them to support other people, for example, when they needed assistance to go to the toilet. This meant at times people were left without assistance, despite additional support from the catering staff and the area manager. One person was observed to fall asleep and their dinner became cold. We noted that it had been a particularly busy day with numerous interruptions from people visiting the home such as families and professionals. The area manager told us she would review staff deployment during meal times to ensure people enjoyed their food and received the support they needed.

The area manager described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with people living in the home. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. Two new members of staff came in to organise their DBS checks during the inspection. We looked at a sample of staff records and found that the majority of legally required checks had been carried out, but one staff member did not have a record of their full employment history. This had also been picked up on by the area manager during a recent audit. We saw that the application form completed by new staff only required them to provide details of their last five years employment. The area manager told us that all new staff would be required to provide a full employment history in future.

Systems were in place to ensure people's daily medicines were managed so that they received them safely. People told us they received their medication when they needed it. One person told us: "They give me my tablets, I don't like the taste but I know that I need them. They give them to me on time." Another person told us: "They ask me if I need any painkillers." We observed this happening during the inspection. Staff confirmed they had received training to be able to administer medication. They demonstrated a good awareness of safe processes in terms of medication storage, administration and about the purpose of the medication prescribed for people. Records showed that clear information had been provided for staff regarding people's medication in terms of administration, recording, returns, consent and the purpose of each medication. We also saw that medication was stored securely with appropriate facilities for controlled drugs and temperature sensitive medication.

Clear records were being maintained to record when medication was administered to people however, medication administration records (MAR) charts did not always record the reasons for PRN (as required) medication being given, making it more difficult to assess whether a person's healthcare condition had increased or decreased. This had also been picked up during an independent pharmacy audit a month before this inspection. We spoke with a senior carer who was aware of the audit and told us that this had been addressed with staff who would be expected to maintain a clearer record in relation to PRN medication in future.

People told us that they felt safe living in the home. One person said: "I feel very safe here." Staff told us they had been trained to recognise signs of potential abuse and were clear about their responsibilities in regard to keeping people safe. One staff member told us: "If I had a safeguarding concern I would report it to the senior or manager and if nothing was done, I would go further, to the CQC (Care Quality Commission) or Police." Another staff member added: "We have all the policies and information in place to guide us and

have training on safeguarding as well." We were shown the results of an internal survey undertaken in October 2015, which recorded that 100% of people asked, said they felt safe living in the home. Information was on display which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Records we looked at confirmed that staff had received training in safeguarding and that the home followed locally agreed safeguarding protocols.

Good

Is the service effective?

Our findings

At our last comprehensive inspection on 19 February 2015, we found that the service was in breach of legal requirements in this area. This was because staff had not received consistent support, supervision and training. We followed up on these areas at another inspection on 29 September 2015 and found improvements had been made. Although we found that the service was no longer in breach of legal requirements, we did not change the rating for 'effective' on that occasion because to do so would require consistent good practice over a sustained period of time. We therefore checked staff support, supervision and training again during this comprehensive inspection.

People confirmed they received effective care from staff with the right skills and knowledge. Staff told us that they received the right training to carry out their roles, including support to achieve national health and social care qualifications. One member of staff said: "We have lots of training, external training and on line, it gives you a refresher, and is definitely helpful because things do change from year to year. We do dementia training, fire, safeguarding and mental health awareness. They give us the skills to support people." Another member of staff told us: "We have plenty of training; EDHR (diversity and equality), dementia and safeguarding. It is all really useful." A training matrix had been developed which provided information to enable the area manager to review staff training and see when updates / refresher training was due. This confirmed that staff had received training that was relevant to their roles such as safeguarding, dementia, moving and handling, first aid, nutrition, diversity and equality, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that non care staff received relevant training in safeguarding, dementia and person centred care too. This provided them with important knowledge and an understanding of the needs of people they came into close contact with on a regular basis. From speaking with staff and observations throughout the inspection, we found staff, in all roles, to have the right knowledge and skills to meet people's needs.

Records showed that staff meetings were being held on a regular basis; to enable the area manager to meet with staff as a group, and to discuss good practice and potential areas for staff development. Staff also confirmed that they had received recent supervision, which provided them with additional support in carrying out their roles and responsibilities. Records we looked at supported this.

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, and found that systems were in place to assess peoples' capacity. Throughout the inspection we observed that staff sought consent from people

before undertaking any activity. They demonstrated a good understanding of people's needs and encouraged them to make their own choices and decisions, as far as possible. For example, giving them a choice of what to eat and where to eat. People were seen to respond positively to this approach. Records showed that where appropriate, consent had been gained for photographs to be taken and the care and support to be provided.

People told us they had enough to eat and drink and that they enjoyed the food provided. One person said: "The food is lovely." Another person added: "We have a choice of food, it's all very nice." Catering staff told us there was a four weekly menu in place, which was changed on a seasonal basis; to ensure people received a variety of food. They confirmed that people were given a choice of two options for lunch and tea, but other alternatives were available should they not want these. Menus were available in communal areas which incorporated photographs of the meal choices available each day, to support people in making a decision about what to eat. One person did not want either of the choices offered at lunchtime and they were provided with an alternative of their choosing.

Throughout the day a choice of food and drinks were readily available. People were offered fresh fruit and biscuits on a frequent basis and received a choice of fluids including orange and lemon squash, water, tea and coffee. For those people who required additional nutritional support, we found that fortification took place to reduce the risk of weight loss. A pureed diet and thickened fluids were also provided and staff showed a good awareness of who required these options and why. At lunch time we observed the catering staff serving up food for one person who was at risk of losing weight. They added cheese sauce to the person's vegetables, which obviously went down well because the person asked for second helpings. They were very clear about offering food that stimulated people's taste buds. The meals we saw looked and smelt appetising, and people were observed to eat well. We noted that catering staff provided further support by prompting people to eat, and by contributing to people's care records in terms of updating their food and fluid intake. There were frequent entries in the records we looked at, confirming that people were offered food and fluids on a regular basis.

During lunch time we saw that people were given time to eat and drink and the pace was not rushed. Assistance was provided in a discreet manner to people who required help with eating and drinking. We noted that dining tables were laid appropriately; providing a visual clue for people living with dementia that it was time to eat.

Records showed that people's nutritional needs and preferences had been assessed, with any specific requirements such as soft options or assistance with eating outlined. We saw that staff monitored people's weights regularly and appropriate action was taken when a change had been identified.

People confirmed they were supported to maintain good health and have access to relevant healthcare services. One person expressed concern about their eyesight and staff provided reassurance by checking when their last optician's appointment was and offered to make another appointment if required. Staff told us they felt well supported by external healthcare professionals, who they called upon when they required more specialist support. We spoke with a district nurse and a GP who were visiting people living in the home during the inspection. Both considered that the service made appropriate referrals when people's needs changed, and that staff followed their advice when this was given.

Records demonstrated that referrals were made to relevant health services when people's needs changed. A clear record of visits to and from external health care professionals was also being maintained for each person. Records we saw showed that people were in regular contact with external healthcare professionals.

Good

Is the service caring?

Our findings

People confirmed that they were treated with kindness and compassion. They spoke positively about the care and support they received. One person told us: "I'm okay here, yes. I like the home. Staff are kind and helpful." Another person said: "The staff are all lovely, so kind, if I need anything they come straight away, they are a godsend, so caring." A third person added: "Yes, I do think it's alright really. Staff look after you and make sure you are happy." Staff demonstrated that they were caring and had a person centred approach. One staff member told us: "I think people get well looked after, we do get close to people, you can't help it. We are not ice cold, we care. People become like a second family to us, we have compassion for them."

We observed many positive interactions between staff and the people using the service. Staff demonstrated a good understanding of the needs of the people they were supporting and their approach was personalised. For example, one member of staff took the time to check that someone had their hearing aid in and switched on, before they spoke with them. All staff took time to engage with people on a regular basis and spoke meaningfully with them about issues that mattered; such as family members who had visited or music that they enjoyed. We observed staff telling people jokes and laughing with them, offering reassurance to them when this was needed and being patient when people were becoming agitated and calling for assistance on a regular basis. We noted that people were content - talking with each other, singing to themselves and smiling at staff that passed them by.

Records showed that people were encouraged to share their life story; to enable staff to know them better and understand their individual preferences and personal histories. We saw life story booklets that had been completed by people and their families, which included detailed information about families and friends, past jobs and significant memories. One of the life story books we looked at included photographs, which helped to bring this information to life. We saw that staff signed to say when they had read people's care records.

People confirmed they felt involved in making decisions about their care and day to day routines. We noted that staff listened to people and provided information in a way that was appropriate for each person. We also heard them taking the time to check people were okay with the support and care provided. They enquired with people to ensure they had everything they were likely to need to hand, including call bells within easy reach. When care and support was provided, staff gave thorough explanations beforehand and offered encouragement and reassurance where needed. We heard staff say things like: "You are safe, we will look after you" and "We are here to help you, just ask us that's all you need to do." People's requests for support were met with a smile and in a timely manner.

People told us that their privacy and dignity was respected. We observed staff ensuring people were comfortable and their dignity was maintained, by covering their knees whilst sitting in a chair if they had a skirt on for example. They also made sure people's mouths were clean following eating and spoke discreetly when asking them if they required the toilet.

At our last inspection, we noted that the building was looking tired in places, in terms of the facilities provided and the décor. During this inspection we saw that work had started to provide people with more dignified surroundings. The area manager explained that initially plans had been agreed to revamp the ground floor toilets and replace / refresh flooring, fabrics downstairs, including a lounge and the hallway. She told us she was due to submit a development plan to the provider for further works to refresh the upper floors of the home too. We saw that some bedrooms had been decorated and people were encouraged to bring in personal possessions to enhance their feeling of well-being. We noted too that fresh flowers had been placed in communal areas, with pictures and ornaments used to create a feeling of homeliness.

Information that had been developed for people using the service and prospective users, confirmed that visitors were able to visit without restriction. We observed a number of people receiving visitors during the inspection. People told us that family members could visit them regularly and that staff welcomed them to the home and looked after them.

Requires Improvement

Is the service responsive?

Our findings

Staff talked to us about how people were able to contribute to the assessment and planning of their care. They told us that before people used the service, they were asked for information about their needs. This information was then used to develop a care plan that reflected how each person wanted to receive their care and support. We reviewed care records and found that people had been asked for information prior to moving in.

Care plans we saw provided clear instructions for staff to follow, to enable them to provide people with care and support in a consistent way. There were good examples of care plans being introduced or updated when someone's needs had changed, for example, following a fall. Involvement of people or their relatives, where appropriate, was also evident. Care plans we looked at had been reviewed regularly; to ensure the care and support being provided to people was still appropriate for them, although we noted this had tailed off since the registered manager had left in February 2016. The area manager was able to demonstrate that she had already identified this within a recent internal quality audit, and confirmed she had a plan in place to address this. Electronic records were being maintained on a daily basis; to demonstrate the care provided to people. We noted the system enabled staff to provide a good level of information, relating specifically to the person's needs as set out in their care plan.

Staff talked to us about people's hobbies and social interests. The area manager explained that an activity coordinator had been employed, but at the current time, they were dividing their time between this service and another home run by the same provider. However, she advised that they were looking to develop activity provision through the creation of a full time post at this service. The activity coordinator was not on duty on the day of our inspection however, we saw that care staff attempted to engage people in activities; for example, threading beads onto string, reading the paper or completing cross words. In the afternoon, an entertainer came to play the piano which people enjoyed. During the inspection the use of the television was kept to a minimum, and we heard appropriate music being played in communal areas. The dining room had a vintage feel to it, with reminiscence items such as toys and pictures, to encourage people's interests and involvement. We saw one person picking up model cars for example and examining them with interest. Records supported the fact that activity provision was being developed within the home and showed that non activity staff regularly recorded when people had taken part in activities within the home. This demonstrated that staff understood the importance of a variety of meaningful and stimulating activities for people and did not just view this as the role of the activity coordinator.

Staff gave us examples of how they provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in people's care plans and all staff we spoke to knew the needs of each person well. At lunch time for example, red plates and bowls were used to support people living with dementia and to maintain their independence as far as possible. As people living with dementia may also have difficulties with sight and perception, visibility can be aided by the use of colour to enable objects, such as plates, to stand out.

Everyone we spoke with told us they knew how to make a complaint or raise a concern. People told us they

felt the staff team were approachable and that they would feel comfortable speaking with a member of staff if the need arose. One person told us: "I have no complaints at all." Staff we spoke with were clear that they would report any complaints they received to a senior member of staff.

We saw clear information had been developed for people outlining the process they should follow if they had any concerns. We spoke with the area manager who showed us that a record of complaints and compliments was being maintained. We noted from this that concerns were taken seriously, and people were kept updated on the actions taken in response. This showed that people were listened to and lessons learnt from their experiences, concerns and complaints.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection on 19 February 2015, we found that the service was in breach of legal requirements in this area. This was because we had received information that raised concerns about the leadership of the home. Our records showed that there had been three different managers since January 2014. We also found that provider level audits of the home had not been happening, so we could not see that there had been any high level monitoring and oversight of the service. We followed up on these areas at another inspection on 29 September 2015 and found improvements had been made. Although we found that the service was no longer in breach of legal requirements, we did not change the rating for 'well-led' on that occasion because to do so would require consistent good practice over a sustained period of time. We therefore checked the leadership, monitoring and oversight of the service again during this comprehensive inspection.

People told us there were opportunities for them to be involved in developing the service, which included attending resident and relative meetings, and completing satisfaction surveys. During lunch, the lead catering member of staff was seen asking people if they were enjoying their meal, providing them with the opportunity to provide immediate feedback. Minutes were also seen of a recent resident / relative meeting chaired by the area manager. We noted the meeting had been well attended by people and relatives, and key areas such as the management of the home, staffing, activities, communication and environmental improvements had been discussed.

We saw lots of information around the home for people, staff and visitors including safeguarding arrangements, fire safety and the Care Quality Commission (CQC) last report and rating. Clear information had also been developed for prospective users of the service, setting out what they could expect from the service, their rights and also information about fees and the cost of any extra services. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people. We noted too that the kitchen had recently been awarded a 5 star (the highest level) food hygiene rating from the local environmental health department.

Shortly before this inspection, we were notified that the registered manager had left - the fourth manager since 2014. In addition, the deputy manager had gone on maternity leave. On our arrival, we found the area manager to be on site, who assisted throughout the inspection. She explained that another new manager had been appointed, but until they were fully in post and inducted, she would be providing regular support and oversight of the home. It was apparent throughout the inspection that the previous registered manager had left the service in a good position in terms of systems, paperwork and records, which had enabled staff and the area manager to maintain a consistent service for the people living in the home. We were able to meet the new manager briefly who told us they had not yet started working at the home as they were still in the process of having their recruitment checks completed, but they hoped to start the following month. The area manager added that once in post, the new manager would also apply to register with the CQC.

Staff confirmed that the area manager was in regular contact with the home and they knew how to contact her for advice and support. One staff member said: "We all pull together for the benefit of people." Another

staff member told us: "We are always supported and can get advice from [another home run by the same provider locally] as well if we need it. [The area manager] is always available by phone if she is not here." A third staff member added: "We are listened to if we have something to say and have been kept up to date with the changes that have happened recently. This is a good place to work."

The service demonstrated good management and leadership. Staff we spoke with were clear about their roles and responsibilities across the service. One staff member told us: "We all know our jobs and what we have to do." Another said: "If I have any concerns I would go to [the area manager] straight away." A third member of staff added: "We all pull together as a team, we work well and if we have something to say, we will not keep quiet. In a team meeting we raised the issue of laundry; a decision was made to buy some net laundry bags which has made a difference." The area manager showed us the net laundry bags, which demonstrated staff feedback was listened to and acted upon. We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another to be respectful and friendly. We also found the area manager to be open, organised and knowledgeable about the service - she responded positively to our findings and feedback. The area manager said she felt well supported by the provider, and staff team, and confirmed appropriate resources were available to drive improvement in the home.

Systems were in place to ensure legally notifiable incidents were reported to us, the CQC in a timely way. Our records showed that this was happening as required.

The area manager talked to us about the monitoring systems in place to check the quality of service provided. Records showed that internal audits and checks took place on a regular basis; to ensure the service was providing safe, good quality care. We noted that more recent audits had been developed to correspond with the CQC's five key questions which we focus on when inspecting services - is a service safe, effective, caring, responsive to people's needs and well-led? Areas where checks had taken place recently included catering, staff files, the environment, activities, infection control, fire, falls, medication, training, and care plans. There was also evidence that the area manager had started to audit people's daily care records; to ensure the care they were receiving was appropriate for them. This showed that arrangements were in place to monitor the quality of service provided to people, in order to drive continuous improvement. In addition, it was clear that the area manager was providing good levels of support during a period of management change.