

Mr David Hetherington Messenger

Epworth House Care Centre

Inspection report

Park Road
Thurnscoe
Rotherham
South Yorkshire
S63 0TG

Tel: 01709893094
Website: www.elderhomes.co.uk

Date of inspection visit:
27 March 2017

Date of publication:
10 May 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

The inspection was carried out 27 March 2017 and was unannounced, which meant the provider and staff did not know we would be visiting. The service was last inspected in August 2016 at which time the service was not meeting the requirements of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a history of breaches of regulation. We checked to see if any improvements had been made with the breaches identified at the last inspection, which included, Regulation 11 Need for consent, Regulation 12 Safe care and treatment, Regulation 13 Safeguarding service users from abuse and improper treatment and Regulation 17 Good governance. We checked and found improvements had been made, sufficient to meet regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Epworth House' on our website at www.cqc.org.uk

The registered provider was placed into special measures in December 2015 by CQC. The service has been in administration since November 2016 and was being run by Care Regeneration Services a company appointed by the administrators.

There was no registered manager in post; however there was a temporary manager who was responsible for the day to day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found improvements had been made sufficient to meet regulations. However, the registered provider must evidence to the commission that they can sustain the improvements made so that the service remains compliant with all regulations.

Epworth House Care Centre is a care home registered to provide personal care and accommodation for up to 67 older people. The home is separated into two units. One unit is for people living with dementia and is sited on the first floor. The second unit is for people who have personal care needs with the main living accommodation sited downstairs. At the time of our inspection 29 people were living at the home.

People who used the service told us they felt safe living in the home. Their relatives spoke positively about the standard of care and support their family member received.

Systems for the safe administration of medicines were in place. The manager must continue to closely monitor and audit medicines so that mistakes or omissions are dealt with promptly.

Staff were knowledgeable about safeguarding people from abuse, and were able to explain the procedures to follow should there be any concerns of this kind.

Procedures in relation to recruitment and retention of staff had improved and were robust which ensured only suitable people were employed in the service. We found staff were skilled and experienced and there was a programme of training. Supervisions and appraisals were scheduled to take place throughout the year and staff told us they felt supported by the manager and deputy manager.

Staffing levels were appropriate to meet the needs of people who used the service. We saw staff engaging with people in an inclusive manner by encouraging them to join in conversations and activities.

The manager was aware her legal responsibilities with regard to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place and key staff had been trained. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being placed on them. The service had made improvements to the way they obtained consent to people's care and treatments and we saw evidence of authorised DoLS in place for some individuals.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

Staff and people who used the service were mutually respectful. People were seen enjoying the company of staff and staff spoke with people in a polite and caring way.

A varied activity programme was on offer to people. We saw people thoroughly enjoying the activities available on the day of the inspection.

Staff told us they felt supported and they could raise any concerns with the manager and felt that they were listened to. Relatives told us they were happy to raise any concerns directly with the manager.

There was a new manager in place who was working in partnership with other professionals to improve the quality of the service.

We found minor shortfalls in some areas and were provided with evidence that confirmed improvements to these were on going. Further improvements were required to make sure the service continued to improve. Systems in place to assess and monitor the quality of the service needed to be maintained and fully embedded into practice so that improvements were sustained.

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 required improvement to make it safe.

People who required assistance to take their medicines were supported to do so. Close monitoring of medicines should continue so that people are kept safe.

People's health was monitored and reviewed as required. Individual risks had also been assessed and identified as part of the support and care planning process.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

There were appropriate staffing levels to meet the needs of people who used the service. Recruitment systems in place helped to ensure the right staff were employed to keep people safe.

Is the service effective?

Requires Improvement ●

The service required improvement to be effective.

Staff supervisions and yearly appraisals had not been completed for all staff but were planned for throughout the year.

Each member of staff had a programme of training and were trained to care and support people who used the service safely.

The staff understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The manager demonstrated a good awareness of their role in protecting people's rights.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time

Is the service caring?

Good ●

The service was caring.

People were positive about the care they received and this was supported by our observations.

We saw staff had a warm rapport with the people they cared for. Staff attended to people's personal care needs in a respectful way and maintained their dignity throughout. Relatives spoke positively about staff at all levels and were happy with the care provided.

Is the service responsive?

The service required improvement to be responsive.

We found people's needs were assessed prior to them living at the home. The manager was in the process of updating a number of the care plans to ensure they reflected the needs of people.

People were able to access a wide range of activities, and there was a vibrant atmosphere in the home involving staff and people who used the service.

The service had a complaints procedure that was accessible to people who used the service and their relatives. Relatives told us they would go to the manager if they had any concerns.

Requires Improvement 

Is the service well-led?

The service required improvement to be well led.

There was no registered manager in place. The service has been in administration since November 2016 and was being run by Care Regeneration Services a company appointed by the administrators.

New audit processes in place needed to be embedded and robust to ensure risks were identified and quickly rectified.

Staff and relatives said the service was improving and they had confidence in the manager.

Relatives were regularly asked for their views. The manager told us that she operated an open door policy which invited relatives to raise any concerns.

Requires Improvement 

Epworth House Care Centre

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 27 March 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience with expertise in the care of older people and people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 29 people living in the home. During the inspection we spent time observing care and speaking with people about their experience of the care provided. We spoke with seven people who used the service and five of their relatives who were visiting the home.

We also spoke with the manager, the deputy manager, four care staff, the cook and kitchen assistant, the laundry assistant and the activity coordinator. We spoke with a healthcare professional who was attending to people on the day of our inspection. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also spoke with the local council quality assurance officer who also undertakes periodic visits to the home. They told us they had no concerns about how the service was run.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care and the systems used to manage their medicines, including the storage and records kept. We looked at six staff files, including recruitment and training information. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We looked at the progress made since our last inspection in July 2016, when we found there were breaches of regulation in relation to safeguarding service users from abuse and improper treatment, safe care and treatment of people who lived at the home and good governance. A service improvement plan was in place which provided timescales by which these improvements would be implemented. We checked and found improvements had been made, sufficient to meet regulations.

We spent time observing how staff related to people who used the service. Some of the people who used the service were living with a diagnosis of dementia and many had a high level of physical care needs and poor mobility.

People told us they felt safe living at the home. We saw staff chatting with people who lived at the home and people were really happy and comfortable in the presence of staff. One staff member said, "The people here are safe and we [staff] are supported to keep them safe."

People told us, "They [staff] come round to see you to make sure you're safe [at night] and to make sure you don't fall out of bed," "Yes, I do feel safe. I don't worry at all," "I've used the buzzer, oh yes, they're quick," "It always seems well-staffed," "The staff give me my tablets at six thirty in the morning when I get up. That's my choice" and "I have medicines at night and two lots of painkillers. The staff always give me my tablets on time."

Relatives told us, "I am absolutely sure that my [relative] is safe here," "[Name] is far safer here than they were at home," "All our worries have been lifted from us," "The staff always say hello to him in his room. This makes him feel so secure," "[Relative] used to fall so often at home. They have been so much better since they lived here" and "I come nearly every day. I always see people getting their medication on time."

Since the last inspection the manager with the support of the senior staff and pharmacist, had overhauled the medicines system. Most medicines were supplied in a monitored dosage system. We saw medicine trolleys were kept in locked treatment rooms, which were securely fixed to the wall when not in use. Each person had a MAR (Medication Administration Record) which was signed by staff when they were administered medicines. People also had an individual identification sheet. This provided a photograph of the person and any information that was useful for staff to know when administering medicines for example, any allergies or special administration instructions, i.e. to be taken one hour before food. We found all MAR charts were signed as given or had a code to explain the reason the medicine wasn't given.

Although there were no controlled drugs (CD's) being administered at the time of the inspection there was a CD cabinet and register in each treatment room for use if required.

We saw the manager and deputy manager had carried out regular audits of medicines and where a concern was found action taken to ensure people were administered their medicines safely. We looked at the daily records of refrigerator and treatment room temperatures from November 2016 to March 2017. We found

they were completed with the exception of the two days before the inspection. The manager told us they would raise this with the appropriate staff member and continue with the close monitoring of this.

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the manager or deputy manager. We saw staff had received training in safeguarding and also in whistle blowing. Whistleblowing is one way a worker can report suspected wrong doing at work by telling a trusted person in confidence.

We looked at the records kept by the manager following any concerns raised about the safety of people living in the home. We saw all accidents, incidents and safeguarding concerns had been reported to the appropriate people and where necessary an investigation carried out. Prior to the inspection Barnsley local authority safeguarding department told us there were no on-going or open safeguarding concerns at the service.

Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. We saw there was an up to date fire risk assessment which had been agreed with the fire safety officer. Risks associated with personal care were well managed. We saw care records included risk assessments to manage risks of falling, risk of developing pressure sores and risks associated with nutrition and hydration.

We found the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. We checked six staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Through our observations and discussions with staff members, we found there were enough staff to meet the needs of the people living in the home. We arrived at the home at 8.30am and saw there was in total three senior care staff and four care staff covering both units. In addition to this there were two activity workers, kitchen, ancillary and maintenance staff on duty. Some people were up and others were in bed. People in bed looked clean and comfortable. People who were up were dressed, awake and enjoying a drink and breakfast. One person told us, "I would say the staffing is the best it's ever been." Our observations were that staffing numbers were sufficient for people to be provided with safe care and support as needed.

Without exception people spoken with told us staff were always available to assist them during the day and the night. Throughout our visit we saw staff had time to meet people's care and support needs, without rushing. For example, we saw one member of staff helping people move from the lounge through to the dining room. Staff took the time to support people patiently, chatting as they helped people, enabling them to walk wherever possible and or supported with equipment, such as wheelchairs.

We saw regular checks of such things as electricity and gas installations, legionella and infection control had been completed and where necessary action taken which helped to keep people safe.

Is the service effective?

Our findings

We looked at the progress made since our last inspection in July 2016, when we found there were breaches of regulation in relation to need for consent. A service improvement plan was in place which provided timescales by which these improvements would be implemented. We checked and found improvements had been made, sufficient to meet regulations.

Staff told us, "Everyone has capacity to some extent. Even if they can't make the bigger decisions we still support them to make everyday choices such as what to wear, when to get up and what to eat and drink," "It's so important not to take people's independence away" and "We encourage people to do whatever they are capable of."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether people had given appropriate consent to their care and where people did not have capacity to consent, whether the requirements set out in the Mental Capacity Act 2005 had been adhered to. The manager told us that most staff had undertaken training in this subject. We looked at care plans which included mental capacity assessments and two care plans we looked at had authorised DoLS in place. We saw a reminder was put at the beginning of the care plan to ensure renewals dates were not missed.

We saw some care plans also contained 'consent to care and treatment' records which were completed for people about personal care tasks. These were agreed with the individual and/or their relatives. The manager told us they were still to complete these records for some people who used the service. The manager said these would be completed in the near future.

People told us they enjoyed the food and drink provided at the home. Their comments included, "The food is good. If you don't like what's on, you just tell them" and "We have plenty to eat. The food is always nice."

Relatives told us, "I come regularly and the food is lovely," "[Name] would not eat it if it was not good," "It's good old fashioned food. I eat here and it is really good food," "I know the residents have been asking for steak and the cooks have provided it," "The cook will cook anything for you, within reason" and "Nothing is too much trouble for the staff in the kitchen."

The catering staff were clearly aware of people likes and dislikes and kept detailed information of people's

allergies, so alternatives were offered on an individual basis. There were clear menus on display and this reflected the food offered at meal times, including a choice of three main meals at lunchtime. Staff were seen informing people what was on the menu in advance of their daily meals, to enable them to make their choices.

The cook was fully aware of people that needed special diets or had allergies to certain food. She told us about one person who had an allergic reaction to a food. We checked this in the care plan and found the allergy was not described in the nutritional care plan. It was however written on the front sheet to alert staff not to give this food item. The manager told us the information would be added to the care plan straight away.

We looked at four people's care plans and found they contained detailed information on their dietary needs and the level of support they needed to ensure people received a balanced diet. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice. We saw on two people's care plans there were letters from dieticians which confirmed people no longer required additional supplements and they were no longer at risk from malnutrition.

All relatives spoken with said the staff looked after people properly and saw GP's, opticians and nurses when they needed them. People we spoke with said the staff had the right skills and knew how to meet their needs. Their comments included, "I have my own dentist and optician. The staff make me an appointment when the time comes around," "I see the doctor and the chiropodist," "My foot was bad. I had a lump on it and the staff got the doctor straight away" and "The chiropodist comes every now and then and I've seen the doctor."

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. A staff member we spoke with told us how one person was presenting and she had arranged for the person's GP to visit as the staff member was concerned that the person had an infection. This demonstrated that staff were observant and recognised small changes in people's health quickly so that they could seek medical assistance at the onset of illness. We spoke with a visiting healthcare professional who said, "We visit every day and have a really good relationship with the staff. If we ask them to do anything, they do it. We don't have any concerns about the care provided at this home and actually we all like coming here."

During this inspection, we asked how the manager ensured staff had the skills and knowledge to carry out their role. We were told when new staff were employed; they completed a comprehensive induction and shadowed staff that were more experienced before they carried out tasks unsupervised. One new member of staff confirmed these arrangements.

New staff also completed some of their training which was recommended by Barnsley council. For example safeguarding training. The manager was aware that all new staff employed that did not have previous experience working in this type of service would be registered to complete the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The manager had developed a training matrix to ensure all staff training needs were met and refreshed on a regular basis. The training matrix showed when staff needed to retrain on individual subjects. Training was separated into a mandatory section all staff had to complete and additional training. Mandatory training included safeguarding, dignity, fire safety, moving and handling and infection control. Additional training included, dementia care, challenging behaviour and end of life care.

Staff spoke positively about the training provided. They said they had the skills and competencies to meet the needs of people who used the service. One staff member said, "I believe my training and experience gives me the confidence to support people with their individual needs."

We found a programme of staff supervision (one to one meetings with their line manager) had started for 2017. Staff told us they felt supported by the manager, deputy manager and also their peers. The manager had also commenced annual appraisals. These had been scheduled throughout the year. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities.

Is the service caring?

Our findings

Everybody told us that staff were caring. People who used the service told us visitors were made welcome. We saw many examples of positive conversations between staff and people; we saw people were relaxed with staff and confident to approach them for support. Staff knew people who used the service very well and there was a relaxed atmosphere throughout the home.

People told us, "They [staff] got me up at seven this morning. Then I had a nice bath so I feel all clean and lovely," "We joke and have a laugh together. They're all lovely," "They always talk to us and can't do enough for us," "They help you as much as they can," "They care for me with respect and dignity," "It is home from home here," "I get on with everybody, the staff are great" and "Everyone is so friendly and kind. The staff are like family."

Relatives told us, "The staff are very friendly and I can visit whenever I like," "I appreciate everything the staff do for [name]," "We now regard the staff as our friends," "I just cannot thank the staff enough for their care and understanding," "The staff are such lovely people," "We are confident that all mums needs are met" and "The staff offer such care and consideration."

Staff told us, "The people that live here are lovely, they brighten my day" and "The reason I come to work every day is to make a difference for the residents."

We observed staff spent time engaging with people in a positive meaningful manner. In particular staff working on the dementia unit engaged people in activities and discussion about family and friends. The lounge was still decorated for 'mother's day' and staff told us about how people had lots of visitors bringing gifts and cards for their family member.

We saw files we looked at contained a 'About me' These are tools for relatives of people living with dementia to complete that let health and social care professionals know about their needs, interests, preferences, likes and dislikes. The information helped staff to better understand a person's needs if they could not fully respond to the questions staff asked when getting to know them. We saw one person on the dementia unit had a soft toy rabbit that they were cuddling. In the 'About me' it reflected the importance of [name of rabbit] in the person's life. Staff introduced us to the person and also introduced the rabbit. Staff obviously acknowledged the rabbit as being of great importance to the person.

In each care plan there was a section where people could choose to make their preferences and choices for the end of their life known. The manager told us they had started asking people about this and if they chose, arranged to meet with them (and their relatives if they wished) to complete the information. One relative told us, "I was fully involved in mum's end of life care plan, although it wasn't easy."

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed

speaking with people discretely about their personal care needs.

We saw people's rooms were personalised to meet their needs and preferences. This included family photos, mementos and small items of furniture. One person who we visited in their bedroom showed us particular photographs of their son and daughter. They spoke with great fondness and told us they had been visited by relatives for 'mother's day' and invited us to look at their, "Lovely cards and presents."

Is the service responsive?

Our findings

We looked at the progress made since our last inspection in July 2016, when we found there were breaches of regulation in relation to good governance. A service improvement plan was in place which provided timescales by which these improvements would be implemented. We checked and found improvements had been made, sufficient to meet regulations.

People told us staff met their needs in the way they wanted them to and at the time they needed support. They told us, "They [staff] really get to know you. They come and talk to you when you first come in and find out what your likes and dislikes are," "They're so kind and attentive all the time. Its home and its family. I don't think I could be in a better place" and "You can talk to [staff name] about anything, she sorts it straightaway."

Relatives said, "A special thank you goes to the night staff team, for helping our loved one to settle" and "Mum is all the better for being in their care. They have made such a difference."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. However the manager told us that she was still reviewing and updating the care plans for some people who used the service. The manager told us this had been a slow process as she was trying to get to know people better before their care plan was reviewed. On the day of the inspection the manager said she had completed new care plans for eight people and would continue to complete others over the coming weeks. We noted some care plans did not contain the persons 'preferred preferences' which described people's wishes as they near the end of their life. The manager acknowledged this aspect of people's care was still on-going.

Some people and relatives we spoke with were aware they had a care plan and said they had been invited to be involved in the reviewing and updating of this. The manager told us she still had to speak with some people and their relatives about reviewing care plans and had a plan in place to do so. One person told us, "I know I have a care plan, they [staff] have asked my daughter to look at it."

The range of organised activities on offer was very good and suited people. People and their relatives were very satisfied with the activities on offer. The activity organiser planned activities such as, coffee mornings, quizzes, bingo and outside entertainers. People said they really enjoyed the outside entertainers. On the day of the visit the staff team were stimulating people with a range of music and singing in informal groups throughout the home. It was clear people enjoyed this. A smaller group were playing dominoes in a quieter area, again much fun was had and people were laughing as they joined in the game. Relatives felt the activity workers were hard working and very friendly and outgoing.

People told us, "I like it when they get entertainment in," "I like the dominoes and the bingo, we have such a laugh," "There is always plenty going off," "I cannot thank staff enough for the wonderful 90th birthday party they organised for me," "We had a marvellous St Patricks day party" and "I love anything that involves dancing."

Relatives told us, "There are so many activities. [Names of activity workers] work so hard" and "I want to say thank you to the staff for taking dad to the Remembrance day service, it meant so much."

Staff told us, "The managers do provide me with a budget [for activities] and I spend every penny of it," "I feel as though my role [providing activities] is fully understood," "I am here for the residents, they come first" and "The managers are right behind me with anything I do. They really appreciate the benefits of activities for people."

Staff we spoke with had a very good understanding of people's needs and how to support them to continue to follow their interests. For example, one person had a keen interest in the garden. The staff member approached the person and asked if they would like to show us their garden. The person was happy to do this and walked hand in hand with the staff member to a window overlooking a small secure garden. The person pointed to two mosaic designs in the areas and told us how they had made them with the help of staff. The person was really pleased to share this with us. Another member of staff sat patiently assisting a person to put together a jigsaw. They chattered as they worked to complete it.

There was a positive and welcoming atmosphere at the home. All people spoken with knew how to complain, or who they would choose to tell about any concerns. People and their relatives told us they were able to talk to the staff about any concerns or issues. They said they were confident staff would listen to their concerns and help them to resolve them.

Relatives told us, "I have complained in the past, but not since the home has changed hands," "You can complain about anything and I have. I'm not sure all the staff are happy about it, but you have to stick up for your loved ones," "We did raise concerns about dad losing some things in the laundry and they did stand to the cost of replacing them" and "The new management meet with us regularly and are always encouraging us to come to them if we have the smallest concern."

We reviewed the process in place for recording and dealing with complaints which were received. The complaints log showed there had been four complaints made to the home since the last inspection. Each complaint had been investigated and the complainant had received a written response detailing the outcome of the complaint. The complaints policy/procedure was on display in the home and included in the 'service user guide.' The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them and included timescales for responses. We also saw a large number of compliments that had been received. These were in response to respite and temporary care offered, along with gratitude for parties etc., which were organised for people.

Is the service well-led?

Our findings

We looked at the progress made since our last inspection in July 2016, when we found there were breaches of regulation in relation to good governance and of the Care Quality Commission (Registration) Regulations 2009 (Part 4). A service improvement plan was in place which provided timescales by which these improvements would be implemented. We checked and found improvements had been made, sufficient to meet regulations.

The home did not have a registered manager in post; however there was a manager who had been in post since December 2016. The manager told us she was working at the home four days (40 hours) each week and had been brought in by the administrators. The manager told us she would be in charge of the home until a registered manager was in place.

People spoken with told us they did not know the manager well but were happy with the quality of care they received and acknowledged the improvements made at the home since the manager had been in post.

People told us, "The manager is delightful," "She [the manager] is always on the ball," "She [the manager] has been so helpful, throughout all the changes," "I'm quite happy with my environment. It's a good home to be in" and "All the senior staff and care staff are approachable. There is nothing that [staff name] will not do for you."

Relatives told us, "Dad has not been here long, but with the help of the managers and staff, he soon felt at home," "I can definitely say that you would not know the management of the home have had problems, they have made sure that nothing has changed" and "There is no room for improvement as far as I can see."

We looked at the processes which were in place to monitor the quality and safety of the home and the support given to people who lived there. We saw the manager had systems in place to audit, monitor and review all aspects of the service. This included auditing care records, staffing, food safety, complaints and safeguarding. This enabled them to monitor practice and plan on going improvements.

We saw a medicine audit was completed each month for a minimum of three people. The audit showed actions that were taken to improve medicine safety. We saw where information and required actions had been passed onto senior staff at meetings and supervision. The manager told us staff were required to have their medicine competency checked twice yearly. She said she was aware these were overdue and had not been completed since June 2016, but had a plan in place to complete these over the next few weeks.

All incidents and accidents which occurred were recorded and monitored by the manager. The analysis of accidents and incidents showed such things as the location of the accident, the time and the severity of the accident. From this the manager looked for any trends or patterns so that action could be taken to help to reduce a reoccurrence. When action was completed these were then signed off by the manager.

From meeting minutes and speaking with people who used the service and their relatives it was clear that

people's thoughts and ideas were listened to and acted upon. People told us, "I have been to a residents meeting and I have filled in questionnaires," "Going to the meetings means you can say your piece and share your ideas" and "They are always asking us what we think about things."

We found there were recording systems in place to aid communication between the manager and staff. Shift handovers were recorded and showed actions that needed to be taken during the shift. We saw an example of where senior staff listened to care staff regarding their concern for a person and then contacted an appropriate healthcare professional to request a visit for further advice and possible treatment.

We saw minutes from staff meetings held on a regular basis. Separate meetings were held for senior staff, care staff, kitchen staff and ancillary staff. We saw meetings were also held for people who used the service and their relatives. Any agreed actions from these meetings were found to be completed by the manager and senior staff.

The manager told us quality assurance surveys to people who used the service and their relatives were being sent out. The manager said when these were returned a report would be completed showing what people thought about such things as staffing, food, activities and housekeeping. Some relatives spoken with confirmed to us they had received a survey, some had completed this and sent it back and others had chosen not to return theirs.

The provider had policies and procedures in place which covered all aspects of the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme. The manager told us some policies were due to be reviewed but said it would be more beneficial and appropriate to do this with the new provider and manager when they were in post, as they may wish to make changes to the current policies and procedures.

The manager and senior staff were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008 and evidence we gathered during the inspection confirmed that we were receiving notifications from the service as appropriate and in a timely manner.