

Carisbrooke Healthcare Ltd

# The Woodlands Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook the unannounced inspection on 9 and 10 January 2017. The service provides residential care for up to 40 older people. On the day of our inspection 23 people were using the service.

The service did not have a registered manager in place at the time of our inspection. The previous registered manager had left in April 2016. The provider had appointed a new manager in June 2016 who was in the process of registering with the CQC as manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When we last inspected the service in September 2016 we found people were not always receiving safe care and treatment. This related to some care records missing some essential assessments and care plans to assist staff manage people's care. Staff did not always use the information in people's care plans and risk assessments to maintain people's safety and did not always follow safe practice when moving and handling people.

At this visit we found the provider had made significant improvements in these areas. Care plans contained clear information for staff to manage risks to people's safety and staff were observed using the information to keep people safe. Staff were also observed following safe practices when moving and handling people.

During our last inspection we also found the provider had not always followed safe practice when employing staff. During this inspection we saw the provider had undertaken the necessary checks on staff to ensure staff who had been employed were fit and safe to support people who used the service.

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

People's needs were met by the appropriate numbers of adequately trained staff and there were safe processes in place to ensure people received their medicines when required and the storage and ordering of medicines were well managed.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care.

People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner.

People who used the service, or their representatives, were encouraged to be involved in decisions, and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously. We saw evidence to show that any complaints received had been acted upon.

## 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.

People were protected from abuse as the provider had systems in place to recognise and respond to allegations of abuse.

The risks to people's safety were assessed and staff used the information to provide safe care and treatment for people.

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

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

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

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

### Is the service caring?

Good ●

The service was caring.

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

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

### Is the service responsive?

Good 

The service was responsive

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

People, or those acting on their behalf, were involved in the planning of their care when able, and staff had the necessary information to promote people's well-being.

People were supported to take part a varied range of social activities within the home and the community.

### Is the service well-led?

Good 

The service was well led.

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

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

# The Woodlands Care Home

## Detailed findings

### Background to this inspection

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

This unannounced inspection took place on 9 and 10 January 2017. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

During the inspection we spoke with nine people who were living at the service and nine people who were visiting their relations. We spoke with five members of care staff, one member of kitchen staff, one housekeeper, the manager and support manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of three people who used the service, five staff files and a range of records relating to the running of the service. These included audits carried out by the manager and provider.

# Is the service safe?

## Our findings

When we last visited the service we found there was a continued breach of Regulation 12 of the Health and Social care act (2008) Regulations 2014. We found people were not protected from unsafe care and treatment. Some care records we viewed did not have essential assessments and care plans to assist staff manage the people's care and staff did not always follow safe practice when moving and handling people. Whilst there was information on how to manage risks in some people's care records we viewed staff did not always use the information and have the correct safety measures in place.

During this inspection we found the provider was no longer in breach of this regulation. People told us they had measures in place to reduce risks to their safety. One person we spoke with said, "I use a stand aid to get up, I get on alright with this." The person went on to describe what help they required to assist them with their mobility. We spoke to staff, examined the person's care record and saw there was clear information for staff to manage the person's mobility effectively.

Staff we spoke with were able to explain the risks to people and where they found the information to assist them manage these risks. One member of staff said, "The information is in the care plans, our head of care writes them, but if we thought there were changes needed we would highlight this. I would challenge if I thought the right information wasn't in the care plan." Staff were also clear about their responsibilities when using equipment. One staff member told us, "We have the right equipment in place and we check it and assess the surroundings before we use it."

During the visit we examined some risk assessments in place and found the information in the risk assessment reflected the needs of the person and was being used by staff in practice. For example, one person who was at risk of falls required an alarm under the seat they sat on and this was in place and in working order. Staff we spoke with were all aware of the need to have the device in place. One member of staff we spoke with said, "I feel like the right measures are in place to prevent people falling as much as we can."

The manager also undertook a monthly analysis of incidents such as falls in the service and looked at ways these could be reduced. During our visit we saw the number of falls people sustained in the service had been decreasing over the previous months. Our discussions with staff showed the management team worked to ensure information from their analysis was used by staff to update the individual risk assessments in place to ensure the correct measures to protect people were in place.

Staff we spoke with also highlighted that measures in place to reduce the risk of tissue damage were being managed effectively. One member of staff told us it was clear from the documentation in place who needed assistance with movement to help prevent tissue damage. They told us people who required assistance with continence needs were monitored regularly and felt this had made a difference to people's risk of developing pressure sores and improved skin integrity.

During our visit we saw staff using moving and handling equipment safely and, when assisting people,

correct moving and handling techniques were used ensuring the safety of the people being assisted. Records also showed the manager and provider had implemented systems to effectively manage the environment and equipment used in the service. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards and corridors were clear and clutter free.

During our last inspection we found the provider was in breach of Regulation 19 of the Health and Social care act (2008) Regulations 2014 as they not taken all necessary steps to protect people from staff who may not be fit and safe to support them. More improvements were needed to the recruitment process to ensure the required checks were fully completed to ensure that staff employed were fit and safe to support people who used the service.

During this inspection we viewed five staff files and found the provider had undertaken the necessary steps to rectify this. The files we viewed had the necessary references from previous employers and the provider had requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. As result we found the provider was no longer on breach of this regulation.

The service employed enough staff to meet the needs of the people who used the service. One person we spoke with said, "Yes there is enough staff to help me if I need it." Relatives we spoke with told they had noticed call bells were answered quickly and they felt there was enough staff to meet the needs of their relations.

Staff we spoke with also felt there was enough staff to meet people's needs, one member of staff said, "At the minute we are fine, and I feel confident that as more people come in our staff levels will be monitored so there is the right level of staff." Another member of staff told us, "Yes staff levels are maintained and management always try to cover short notice sickness."

On the day of our visit we saw there were enough staff to meet the needs of the people using the service and we examined staff rotas which showed the established numbers of staff required were maintained. New staff we spoke with told us they had received a good induction to the service and felt supported by their colleagues.

People we spoke with told us they felt safe living at the service, one person said, "I take it for granted I am safe." Relatives we spoke with also felt their loved ones were safe, one relative said, "Yes I have no concerns with staff."

Staff we spoke with told us they felt confident that issues related to safeguarding people in their care would be dealt with. They told us they received training around safeguarding issues and they felt able to raise concerns to the management team and had confidence issues would be dealt with. One staff member said, "The safeguarding training was good." They went on to describe what they would do if they suspected a person was at risk of abuse, they said, "I would report to the senior (care worker) and manager, I would record things and if needed do a body map." They went on to explain what they would do if their concerns were not addressed and told us they would go to the local safeguarding team or the Care Quality Commission. Another member of staff told us they felt safety and safeguarding people in the service was managed properly. They told us, "Things are managed a lot better than they used to be, I used to come on duty and think what's going to happen today and I don't feel that anymore." They told us things were more organised and they felt comfortable approaching senior staff with concerns.

Prior to and during our visit we saw records of safeguarding issues that had been raised and saw these had been addressed by the manager and appropriate actions had been taken to keep people safe from abuse.

People could be assured that their medicines were managed safely. People we spoke with told us they received their medicines when they required them. One person told us, "They seem to be very strict about the time the tablets are taken." Another person said, "You get your medicines regularly." A relative we spoke with was happy with the way medicines were managed. They told us, "(Satisfied) more than ok, deal with it absolutely."

Staff we spoke with told us they had received appropriate training for the safe handling of medicines. One staff member told us they had enjoyed the medicines training. Staff were able to discuss different aspects of the safe handling of medicines. Such as, ensuring 'as required' medicines were given in line with the protocol set out for each person, and how they would record new medicines on the Medicine Administration Record (MAR). We observed that medicines were stored safely and regular checks on storage areas were made such as medicine fridge temperatures. One senior member of staff had taken on responsibility of ensuring medicines were ordered in a timely way and the general management and storage of medicines was safe. The support manager undertook regular audits and fed back issues they had found to staff to ensure any issues highlighted were addressed

## Is the service effective?

### Our findings

People received care from staff who had undergone appropriate training for their roles. One person we spoke with told us, "Most staff are confident when doing things and those that aren't get help from the others." A visiting relative said, "Oh yes staff do know their jobs."

Staff we spoke with told us they continued to be well supported with regards to training. One member of staff told us they felt they were, "Really well trained." They told us a trainer came into the service and delivered face to face training for the staff. They told us they had recently received training on diabetes, fire safety, dementia and managing challenging behaviours. Another member of staff said, "Yes it's very good training, the tutor gives very good detail." A member of the housekeeping staff told us they felt they had received the right training. They told us they had completed an infection control course and felt this was beneficial to their role giving them a deeper understanding of their part in preventing the spread of infection.

Staff told us they had been well supported, both when they commenced employment with a thorough induction, and also with regular supervision from senior staff. Staff told us they found these sessions useful and supportive. One member of staff said, "Yes the supervision gives you chance to talk about things and get things fed back to you." Another member of staff told us they found the supervision sessions helpful and said, "I think I will be supported to develop." They told us they had just completed a nationally recognised course in healthcare and was going on to undertake further training to further improve their knowledge.

People had their right to give their consent and make decisions for themselves promoted and respected. They told us staff always asked them what they wanted before providing care. People told us they were able to choose when they got up and went to bed. One person said, "I can say I am not ready to get up yet and they'll leave me. I can still get breakfast, oh yes, I had a late one today."

Staff we spoke with told us they always ensured people were happy for them to provide care before they undertook any activity. One member of staff told us before they undertook any task they would, "Maintain eye contact, go through what I am doing and make sure the person is happy for me to carry on."

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

There were assessments of people's mental capacity in their care plans. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. Staff we spoke with showed a good knowledge of how the principles of the MCA were applied. One staff member said, "Everyone should be able to make their own decisions, but some people get confused, so we tailor the way we talk to people to help them with this." The member of staff told us they would limit choices to help people decide, use pictures and talk to relatives about the best way to approach

a person. Another member of staff told us that best interest meetings were sometimes used to support people who were not able to make their own decisions. They explained these meetings would be undertaken to discuss issues such as safety measures that may need to be put in place for a person.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had made applications for DoLS where appropriate.

People's nutritional needs were managed well and we saw there was collaborative work between the care staff and the kitchen staff to ensure people received the correct diets. People we spoke with told us the food was good and they had a choice. One person said, "Very nice, yes, we get a choice every day." Another person said, "You have a choice of main meal and at breakfast you can have bacon if you want." They went on to say that staff got to know what they wanted but that they always asked. Relatives we spoke with were also complimentary about the food. One relative said, "All in all it's very good, can't fault it. I've been here at dinner time and tea time and it's good."

We saw people had access to drinks when they required them. When people were in their rooms there were drinks to hand. One person said, "I'm never short of a drink." Staff offered to make people hot drinks throughout the day as well as making drinks and offering snacks at set times.

Staff we spoke with told us they would ask people what they wanted for lunch around mid-morning but if people forgot or changed their mind then this was catered for by the cook at point of service. We spoke with the chef who told us they had a chart with people's diets in the kitchen and this was updated monthly or sooner if required. Staff we spoke with were able to discuss the different diets people required and who would need support with their meal. One member of staff said, "We have a new cook and the meals match the needs of people, they are given a good choice and regular snacks." We observed a number of meal times during our visit and saw people were supported well. People were served quickly and staff ensured they were happy with their choice.

People's care plans gave staff information on the different diets people required and we saw that people's weights were monitored regularly. There were appropriate referrals to the relevant health professionals to ensure people had the right support with their diet. Most people were weighed monthly but if a person's weight had been fluctuating then they were weighed weekly. There were food and fluid charts in place to monitor people's intake where required. Records we viewed showed that people who had previously been prone to weight loss had been gradually gaining weight. The chef told us they were given regular updates on people's weights so they could monitor the person's diet and ensure they received the right level of nutrition.

People told us their health needs were well managed. One person told us, "They are pretty good at calling the doctor out if needs be. The doctor comes here." Relatives we spoke with told us they were happy with the way their relation's health needs were managed. One relative said, "When (name) was taken to hospital the staff called us and we met (name) there." Another relative said their relation had needed to go into hospital a number of times and staff had handled this very well. Some relatives also told us when their relations had needed to attend hospital appointments the staff had arranged the transport and accompanied people for the appointments. They told us staff rang after the appointment to update them, which the relatives had found reassuring.

Staff we spoke with showed a good knowledge of people's health needs. For example, one person with a long term health need required regular monitoring and staff were able to explain the signs that would alert them to any problems that might occur. One member of staff said, "The seniors are very quick to sort out things and the GP is usually out within 24 hours, but if the senior is concerned they will ring 111 for further advice, they are very proactive."

We spoke with a visiting health professional who told us they felt the communication between the staff and themselves was good. Issues had been followed up and, on occasion, staff had been proactive in putting measures in place to prevent any health issues. The manager told us they had been working to improve the relationship with the GP surgery and community nurses. The manager told us they were looking at ways they could get a good service from the surgery and give good information to them to benefit the people who lived at the service.

## Is the service caring?

### Our findings

People we spoke with told us they were happy living at the service and that staff were caring towards them. One person said, "Staff are always pleasant, trying to help." Another person said, "They (staff) are very nice, know their manners, always have a smile on their face." Relatives we spoke with were also complimentary about the caring attitude of staff. One visiting relative told us, "I find them all willing, friendly, helpful. Very kind and very caring." Another relative told us they had, "Never heard any of the girls (staff) raising their voices." A further relative said of staff, "None of them are unapproachable. You can talk to any of them."

Staff told us they enjoyed working at the home. One member of the housekeeping staff told us, "There is a caring attitude all the way through (the staff groups). Staff enjoy chatting to residents." Other staff members told us the management team encouraged a caring attitude through their behaviours. One staff member said, "They (managers) clearly care about the people who live here."

All interactions we saw from staff with people were positive, social interactions carried out in a kindly, friendly and non-patronising manner. It was clear that staff knew people well. Even when, out of necessity, the interactions had to be task focussed, such as when serving meals, staff still took time to engage positively with people. We saw many occasions where staff were giving reassurance and physical comfort. For example, we saw a person become distressed in the upstairs lounge area. A care worker sat next to them and offered reassurance in a kindly, non-patronising way with appropriate touching, such as holding the person's hand. We also saw a staff member sit down at a table next to a person having breakfast and chat with them. During our observation of lunch we saw a member of staff sit down at a table and chat with two people the exchange was positive, informal and friendly.

People's care plans reflected the care they required and staff we spoke with showed a good knowledge of people's care needs. For example, one person's plan showed what help they required with personal care and how they liked to receive the help. The focus was on what the person could do for themselves and how staff could support them with the choices they made each day.

The staff we spoke with were able to discuss different people's needs with us and told us they respected people's choices and supported them to be as independent as possible. One person we spoke with told us, "They are very efficient. They do wash you but whatever you want to do for yourself they let you." During the afternoon we saw two staff assist a person stand up and walk from the dining area to the lounge. We saw they did this in a gentle, unhurried and safe manner all the time reassuring the person. We saw however that they did encourage the person to do as much on their own as they could.

People and their relatives were encouraged to express their views on their care and relatives felt their knowledge of their relations was taken into account when their care was planned. One relative we spoke with told us, "Now we are asked to be involved with and sign off care plans. Last year there wouldn't even have been a care plan." We saw there were systems in place to involve people and their relatives in the planning of their care. The manager told us they made the care plans available for people and their relatives. They told us some relatives preferred the manager to go through the plan with them and others liked to take the plan to a quiet area and read through and they would facilitate this for them.

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

We spoke to the manager about the use of advocacy services for people. An advocate is a trained professional who supports, enables and empowers people to speak up. The manager confirmed there was no one using these services at present but there was information available people should they require this service.

People we spoke with told us that staff respected their privacy and dignity. One person told us staff had asked them if they wanted to be called by their first name or surname. Another person told us, "Yes they knock on my door before coming in, I would complain if they didn't." Other people told us they were comfortable with the way staff dealt with their personal care. Relatives we spoke with told us staff treated their relations with respect. One relative said, "Respectful, always, to (name) and me."

Staff we spoke with showed a good understanding of the need to maintain people's privacy and treat them with respect. One member of staff told us they used signs on bedroom and bathroom doors to show care was in progress and ensured curtains and doors were closed. Another member of staff said, "I speak to people the way I would want to be spoken to or how I would want my relatives spoken to." A further member of staff said, "Yes, staff are good here they always knock on doors, and we are careful when discussing people's needs, to respect their privacy."

## Is the service responsive?

### Our findings

The people we spoke with felt that they received the care and support they required and that it was responsive to their needs. Relatives also felt that staff provided response and person-centred care? The information in people's care plans reflected their individual needs. One relative we spoke with told us they were happy with the information in their relation's care plan, they felt it was up to date and gave staff the required information to give their relative the care they needed.

Staff told us they found the care plans useful in keeping up to date with people's needs. They told us effective communication systems were in place to ensure they were aware of people's individual preferences. They told us that any changes were effectively communicated. One member of staff told us, "They (care plans) give a good description of how to manage people's needs." Other members of staff told us they received regular handovers when starting a shift and used the communication book to keep up to date with people's needs.

The care plans we viewed gave clear information about people's individual needs and were written in a person centred way. For example, the care plan for one person who had been assessed as at risk of falls gave staff specific information on how to keep that person safe. There was an explanation that the person was unable to walk unaided but would make attempts to do so. As a result, the person needed to be supervised and in sight of staff at all times. The plan also gave information on other measures in place to protect the person such as alarm mats to alert staff the person was attempting to walk unaided. We saw that the measures written in the care plan were observed by staff caring for the person.

The care plan of another person gave information about the importance of them wearing an appliance. The care plan gave an explanation of why this was required and how staff should assist the person to fit it correctly. We discussed this both with the person and staff members and was satisfied that the person was receiving this aspect of their care in the way they should be.

The staff at the home worked to provide a range of activities on offer to meet the needs of people who lived in the service. Since our last visit the provider had employed an activities co-ordinator. People told us activities had improved since the activities co-ordinator had come into post. We were told that the activities co-ordinator had worked hard to get people involved with activities to suit their likes and dislikes. One person said, "(Activity co-ordinator) is lovely. When they came things changed. They try to get people involved." Another person told us, "If activities are taking place on another floor they do come round and knock and say would you like to come up. They do include everyone."

Relatives we spoke with also recognised the activities co-ordinator's role had improved things for people who lived at the service. One relative said, "There is a recognition that not everyone wants to join in group things but do appreciate one to ones." They went on to say the activities co-ordinator was, "ever present, always around. There are a lot of poorly people who can't engage, but (the activities co-ordinator) always tries to fully interact as much as possible with residents."

Staff we spoke with told us things had improved with the introduction of the activities co-ordinator. Staff told us one to one activities were undertaken as well as cinema afternoons, regular coffee mornings in the purpose built tea room, there were trips out to garden centres, arts and craft activities, games, jigsaws and dominoes.

We saw there was a full programme of activities displayed at various points in the home and the activity co-ordinator told us they stuck to the programme as much as they could. This was confirmed by a visiting relative who told us, "The programme does take place".

It was clear that, whilst the activities co-ordinator wanted to include people in all activities, they fully respected people's wishes if they did not want to engage. They told us, "I'll happily sit with them (people living in the service) and do one to ones, but don't want to make people do what they don't want to."

During our visit we saw the activities co-ordinator and three members of care staff sitting with six people in the upstairs dining area making Valentine cards. We saw there was lots of laughing and friendly banter and people appeared to be enjoying themselves. We saw one person was sitting on the edge of the group apparently not wanting to make cards but saw that staff did continually interact with them.

Later we saw a member of staff ask people if they wanted to watch a video and what they wanted to see. We saw that staff then helped people sit around the TV ensuring they were comfortable before putting the video on. This was done with a great deal of friendly banter and people appeared to be enjoying the experience.

Staff worked together to try to engage and stimulate people in a number of ways. Around the home we saw the manager had put up posters relating to '30 second activities' that all members of staff could undertake. These encouraged staff to engage with people whilst they were working. For example staff were encouraged to greet the person by name, make eye contact and smile, shake hands or ask someone to "show me" an object. During the visit we saw a number of interactions between staff and people who lived in the service that showed staff had taken note of the posters and used these prompts to engage positively with people.

The company's complaints procedure was on display in the entrance of the home. The people we spoke with told us any concerns and complaints they made to the manager or provider were dealt with effectively. We saw the manager had kept a record of complaints and what actions had been taken to resolve the issues. One relative we spoke with told us they had concerns in the past but they had no current complaints. However, they told us if they had, they would be able to go to the manager to address them.

Staff we spoke with told us they knew how to deal with any complaints or concerns raised with them. One member of staff told us, "If someone makes a complaint to me I would listen. I would act if there was anything I could do to deal with things and put it right." They went on to say they would always tell their senior or the management team who would always respond and deal with any issues raised.

## Is the service well-led?

### Our findings

The service did not have a registered manager in place. The registered manager left the service in April 2016 and the new manager in place had been in post since June 2016. The manager told us they had applied for their registration and was awaiting their interview with us, the Care Quality Commission.

On the days of our visit both the manager and support manager were visible around the service. We observed them interacting with people on a regular basis and it was evident that they had a good rapport with people. Many people knew the names of the manager and support manager and people told us they felt confident in approaching them if they wanted to discuss anything with them. One person we spoke with said, "(Manager) never passes without speaking, they always stop and says hello and asks if I am alright." The person told us the manager spoke to them using their name whenever they spoke to them. People and relatives we spoke with told us the management team were approachable and responded to issues raised to them. One relative said, "Yes we know (manager). I've always found them approachable."

People and relatives told us that they'd had concerns in the past over management structure, lines of responsibility, record keeping and communication. Without exception however they told us that under the new manager there had been great improvement in all these areas. One relative told us that shortly after their family member came to the home early last year they'd had concerns about their walking, bed sores and a total lack of paperwork. The relative told us room cleanliness had been a problem saying, "The rooms were terrible, particularly the toilet area." They went on to say, "That's all changed, it's very good now, there's no comparison to what it was before (manager) came. Since (manager) started it's improved and improved."

Staff told us the management team was approachable and was a significant presence in the home. They said they felt comfortable making suggestions about possible improvements within the home and felt management were proactive in developing an open, inclusive culture within the service. One member of staff told us, "Yes they (management team) are responsive." They went on to tell us they felt comfortable questioning aspects of care, saying the senior staff listened, valued their input and made changes to people's care when this was needed. Another member of staff echoed these comments and told us the management team gave reasons for any changes they made so staff had a clear rationale as to why changes were made. Staff we spoke with told us they enjoyed working at the service. Another staff member told us, "A lot of times in the past we had more bad days than good, now it's the other way round." They went on to say, "We can deal with things, I love it here I wouldn't have stayed otherwise."

Throughout our inspection we observed staff working well together and they promoted an inclusive environment where friendly banter was being undertaken between staff and people who used the service. We saw staff were supporting each other and it was evident that an effective team spirit had been developed.

Staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. We also found the management team were aware of their responsibility for

reporting significant events to the Care Quality Commission (CQC). Our records showed we had been notified of significant events in the service and the issues had been managed effectively.

People and their relatives were given the opportunity to give their views on the quality of the service. People told us that during the last year there had been a series of meetings with management for residents and relatives. They felt these were beneficial and the management team had listened to them. One visiting relative said, "We did attend the meetings we could and did raise issues and were listened to." Another relative said the meetings were, "Well attended." A further relative who said they had been to, "One or two" meetings said "I think they do listen."

The manager had systems in place to monitor the quality of the service provided. Regular audits were carried out in areas such as medicines, care plans and the environment. We saw records of the audits and also saw the provider undertook their own audits to give them oversight of the service. The manager told us the provider and director were on site every week and each week they had management meetings to discuss the progress and quality of the service. We saw records with action plans linked to the audits and meetings showing how any issues had been addressed. Systems were in place to record and analyse adverse incidents, with the aim of identifying strategies for minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.